



**BCI CHANGE OF ACCOUNT FOR WELFARE BENEFIT PAYMENTS**

**Q:1 Applicant information**

First Name:   
Surname:

**Q:2 Contact Information**

Village:  Island:   
Phone number:  Mobile Number:   
Relationship to beneficiary

**Q:3 Beneficiary Information**

First name  Surname   
Date of Birth  Benefit Type

**Q:4 Reason for change of account**

Please explain reason you are wanting to change account details

**Q:5 Bank account Details**

Please provide banking details for direct deposit

Current Bank account  Bank account name   
New Bank account  Bank account name

**Q:6 Supporting Documents** (Provide all supporting documents below)

Valid Passport or Drivers License  Confirmation Letter for BCI account/BCI Passbook/Statement

**Q:7 Authorization for change**

Previous account holder signature:  Date:   
Applicant Signature:  Date:   
Welfare Officer signature:  Date:   
Welfare Director/Manager  Date

**This form is produced to serve as a document of proof and also to protect the personnel of the Division of Welfare from unnecessary accusation from or by certain individuals of the community**