



Ministry Of Human Development, *Families & Indigenous Peoples' Affairs*

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Belize, Central America

I _____, as an eligible beneficiary of the Ministry's Belize COVID-19 Cash Transfer (BCCAT) programme, hereby authorise _____ to collect my relief funds on my behalf. I confirm the information given below for me as the beneficiary, and for _____ as the authorized person is accurate and complete.

	Beneficiary (adult)	Authorized Person (persons 16 years or older)
Name		
Contact #		**
Address		
SS #		
Signature		

** This is the phone number that will receive notification of the payments, and the authorized person will have to bring this phone and their social security card to the payment outlet when they wish to make the withdrawal.

We also need copies of both the beneficiary's social security card AND the authorized person's social security card.