NATIONAL INSURANCE ACT, 1986

Application for Registration as an Employee

INSTRUCTIONS

1. **Please complete the form in BLOCK letters.**
2. **Employers must register employed persons within 7 days of employment.**
3. ***KINDLY ATTACH COPY OF BIRTH CERTIFICATE OR PASSPORT/MARRIAGE CERTIFICATE (DEED POLL OR AFFIDAVIT IF APPLICABLE).***
4. **Registration is done through the employer. Forms must be submitted with employer's stamp and signature.**
5. **Applicants must sign declaration on reverse side of the form.**

Surname: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| **First Name:** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Middle Name(s): |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Gender: Male ☐ Female ☐

Alias(Nick Name), If Any:_____ Telephone Numbers:

Residential Address:_____ Home |__|__|__| |__|__|__|__|__|__|__|

Postal Address:_____ Mobile |__|__|__| |__|__|__|__|__|__|__|

Date of Birth: ____/____/____ E-Mail Address:_____
Day Month Year

Occupation:_____ Country of Birth:_____

Mother's Name:_____ Father's Name:_____

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other ☐

If Married, State Date of Marriage ____/____/____ Spouse's Name:_____
Day Month Year

If Unmarried, Name of Common-Law Husband/Wife:_____

If You Were Employed Previously Please State:

	Name of Employer/Business:	Date Started:	Date Ended:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you ever been registered with The National Insurance in SVG? Yes ☐ No ☐

Have you been a Member of The National Provident Fund? Yes ☐ No ☐

If The Answer to Either of The Questions Above is "Yes", State Your Number: |__|__|__|__|__|__|

What is The Number on Your National Identification Card?: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|

To Be Completed By The Employer

Employer's Registration Number: |__|__|__|__|__|__|

Employer's Name: __

Employer's Trade Name: _____

Employer's Address:_____

_____

Tel #: |__|__|__| |__|__|__|__|__|__|__| (Business) |__|__|__| |__|__|__|__|__|__|__| (Mobile)

Date of Employment: ____/____/____
Day Month Year

How Would You Prefer To Receive The Card?

☐ Post or Delivery:

Mailing Address _____

_____

☐ Collection by:

☐ This Employee
☐ Other: _____
(Name of Other)

PRINT Name: _____

Signature of Employer: _____

Date: ____/____/____
Day Month Year

Affix Stamp

Declaration

I declare that the information given on this form is true and correct to the best of my knowledge and belief and hereby make application for registration under the National Insurance Services.

Signature (or Mark) of Applicant: _____

Date: ____/____/____
Day Month Year

In case of Mark
Signature of Witness: _____

Date: ____/____/____
Day Month Year

Any person who knowingly makes any false statement or false representation or who produces or furnishes or causes or knowingly allows to be produced or furnished any document or information which he/she knows to be false, commits a criminal offence which is punishable by fine or imprisonment or both.

For Official Use Only

Supporting Documents

Birth Certificate ☐ Passport ☐
Marriage Certificate ☐ Deed Poll ☐
Declaration ☐ Affidavit ☐
Other: _____

Sign._____ Date ____/____/____
Day Month Year

NIS # |__|__|__|__|__|__|

Form Type: R1 ☐ R1.B ☐ Log. #: _____

Entered By

Sign._____ Date ____/____/____
Day Month Year

Verified By_____ Date ____/____/____
Day Month Year