



ST.VINCENT AND THE GRENADINES, NATIONAL INSURANCE SERVICES SELF-EMPLOYED

INSTRUCTIONS

1. Please complete the form in BLOCK LETTERS.
2. KINDLY ATTACH COPY OF NATIONAL ID OR DRIVER'S LICENSE
3. Applicants must sign Signature of Self-employed on reverse side of the form.

1. Insured Person NIS Number: |_|_|_|_|_|_|_|_| Date of Birth: |_|_|_|_|_|

2. Name

Please fill in BLOCK LETTERS

3. Profession/Trade/Business name (if any):

Please fill in BLOCK LETTERS

4. Marital Status: Single Married Divorced Widowed Other

5. Alias..... Gender: Female [] Male []

6. Phone No. |_|_|_|_|_|_|_|_| ID #:.....

|_|_|_|_|_|_|_|

7. Fax No. |_|_|_|_|_|_|_|_| E-mail Address:.....

8. Address where main activities are carried on.....

9. Nature of Business/Activity:
(be specific)

10. Mailing address:..... Residential address:.....

.....

.....

11. Date on which trade, business or work commenced: |_|_|_|_|_|
D M Y

12. Date on which to expect initial payment by: |_|_|_|_|_|
D M Y

13. Do you employ anyone? Yes [] No []

Notes:

- (1) Every Self-employed person to whom the National Insurance Act and Regulations apply is required to register with the Executive Director of National Insurance within seven (7) days of the date on which he/she becomes Self-employed.
- (2) Any person who ceases to be Self-employed or changes his business name or address, must notify the Executive Director of the National Insurance.
- (3) Penalty: If a person contravenes or fails to comply with any of the National Insurance (Registration) Regulations he/she shall be liable on summary conviction to a fine not exceeding seven hundred and fifty dollars (\$750.00) for each such offence or to imprisonment not exceeding six (6) months.

Please Turn Over

Kindly select a wage category by ticking the appropriate column from the table below.

NB: The wage category selected must be used for at least six (6) months.

Category	Weekly Income \$	Weekly Contribution	Tick Selection	Monthly Income \$	Monthly Contribution \$	Tick Selection
A	1000.00	95.00		4,333.00	411.64	
B	840.00	79.80		3,640.00	345.80	
C	720.00	68.40		3,120.00	296.40	
D	600.00	57.00		2,600.00	247.00	
E	480.00	45.60		2,080.00	197.60	
F	360.00	34.20		1,560.00	148.20	
G	240.00	22.80		1,040.00	98.80	
H	120.00	11.40		520.00	49.40	

.....
Signature of Self-employed

.....
Date

*** Please indicate how you were informed about the National Insurance Services:**

[] Previous Employer [] Media (TV/Radio/News Paper/Internet advertisements) [] NIS Programs [] Friend/Relatives

FOR OFFICIAL USE ONLY

Self-employed person interviewed by Inspector/officer Yes [] No []

.....
Signature of Interviewing Officer

.....
Date of Interview

Self-employed Registration No. |__|_|_|_|_|_|_|_|_|

Particulars entered in computer: []
Date

Remittance form issued : []
Date

Action taken by:
(Registration Officers' Signature)

.....
Date

.....
Signature of Compliance Officer/Supervisor

.....
Date

.....
Verified by

.....
Date

Supporting Documents
Driver's License
ID Card
Other: _____