

Income Category Selected: _____

INCOME CATEGORIES

Category	Monthly Income US\$	Monthly Contribution US\$	Quarterly Income US\$	Quarterly Contribution US\$(8.84%)	Monthly Income EC\$	Monthly Contribution EC\$	Quarterly Income EC\$	Quarterly Contribution EC\$
A	1,392.00	123.05	4,176.00	369.16	3,716.64	328.55	11,149.92	985.65
B	960.00	84.86	2,880.00	254.59	2,563.20	226.59	7,689.60	679.76
C	768.00	67.89	2,304.00	203.67	2,050.56	181.27	6,151.68	543.80
D	576.00	50.92	1,728.00	152.76	1,537.92	135.95	4,613.76	407.86
E	385.00	34.03	1,155.00	102.11	1,027.95	90.87	3,083.85	272.61

Conversion Rate US\$1= EC\$2.67

Traveler's Cheques: Bank Charge at EC\$0.20 per Cheque & Transaction at EC\$2.00

NB.

❖ Contributors should not miss payments for more than two consecutive quarters.

I declare that the information given above is true and correct to the best of my knowledge and belief, and I hereby make application for registration under the National Insurance Act No. 33/1986.

.....
Signature of Applicant

.....
Date

.....
In case of Mark
Signature of Witness

DD / MM / YYYY

Any person who knowingly makes false statements or false representation to the National Insurance Services commits a criminal offence which is punishable by a fine or imprisonment or both.

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

[] Employer [] Media (TV/Radio/Newspaper/Internet) [] NIS Programs [] Friend/Relative

FOR OFFICIAL USE ONLY

I..... Certify that
(Name of Registering Officer) (Name of Applicant)

Has been duly approved by the National Insurance Board to be a Voluntary Contributor to the St. Vincent and the Grenadines National Insurance Services from.....

He/she will be required to pay contribution at the rate of \$..... quarterly.

.....
Signature of Registering Officer

.....
Date

.....
Signature of Supervisor

.....
Date

.....
Authorized Officer's Signature

.....
Date

Designation

Supporting Documents

- | | | |
|----------------------|-------------|----------------------|
| Birth Certificate | Passport | Other: |
| Marriage Certificate | Deed Poll | Sign: |
| Declaration | Affidavit | Date: ____/____/____ |
| Driver's License | National ID | |