



NATIONAL INSURANCE ACT NO.33 OF 1986
APPLICATION FOR REGISTRATION AS A VOLUNTARY
CONTRIBUTOR (LOCAL NATIONALS)

Instructions:

- 1. Please complete the Form in BLOCK LETTERS.
2. KINDLY ATTACH COPY OF BIRTH CERTIFICATE OR PASSPORT/MARRIAGE CERTIFICATE AND NATIONAL ID OR DRIVER'S LICENSE (DEED POLL OR AFFIDAVIT IF APPLICABLE).
3. Applicants must sign the declaration at the bottom of the form.

1. Surname: [grid] First Name: [grid]

2. Middle Name(s): [grid] Gender: Male [ ] Female: [ ]

3. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Country of Birth: \_\_\_\_\_

4. Marital Status: Single [ ] Married [ ] Divorced [ ] Widowed [ ]

5. Former Occupation: \_\_\_\_\_

6. Last Monthly Salary: \_\_\_\_\_ Date of Cessation of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Current Address

Former Address

Three horizontal lines for current address

Three horizontal lines for former address

8. Telephone Number: [grid] Mobile: [grid]

9. E-mail Address: \_\_\_\_\_

10. Have you ever been registered with The National Insurance or The National Provident Fund

Yes [ ] No [ ]

11. If the answer to the previous question is "Yes", State your Number: [grid]

12. Former Employer(s):

- 1) \_\_\_\_\_
2) \_\_\_\_\_
3) \_\_\_\_\_
4) \_\_\_\_\_

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

Date

*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.*

**FOR OFFICIAL USE ONLY**

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

Has been duly been 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 \$...... monthly.

.....  
**Registering Officer's Signature** **Date**

.....  
**Authorized Officer's Signature**

.....  
**Designation**

**Supporting Documents**

- |                      |             |
|----------------------|-------------|
| Birth Certificate    | Passport    |
| Marriage Certificate | Deed Poll   |
| Declaration          | Affidavit   |
| Driver's License     | National ID |
| Other: .....         |             |

Sign: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year