



**Section B**

**Please Provide The Following Accompanying Documentation Where Applicable**

**For Sole Trader with Registered Business Name:**

Certificate of Registration  
Copy of National ID or Drivers License of Manager/Owner

**For Partnership**

Partnership Agreement  
Copy of National ID or Drivers License of Manager/Owner

**For Company:**

Copy of National ID or Drivers License of Manager/Owner  
Certificate of Incorporation  
Articles of Incorporation  
~ Notice of Directors  
~ Notice of Appointment of Secretary/Assistant  
~ Notice of Address  
By Law's  
Any other relevant documentation

*If for any reason your business is dormant or ceased for any period you must inform the NIS in writing.*

**The Executive Director National Insurance Services**

I declare that the information given on this form is true and correct and I hereby apply for registration as an employer under the National Insurance Services Act of St. Vincent and the Grenadines.

PRINT Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Day Month Year*

***FOR OFFICIAL USE ONLY***

Employer Registration No. |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Log#: \_\_\_\_\_

Particulars entered in computer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ]  
*Day Month Year*

Remittance Form Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ]  
*Day Month Year*

**OR**

E-submit Registration Submitted? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ]  
*Day Month Year*

Action Taken By: \_\_\_\_\_ \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Day Month Year*

Verified By: \_\_\_\_\_ \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Day Month Year*

COMPLIANCE DISTRICT
REGION
NATURE OF BUSINESS
Supporting Documents
Marriage Certificate
Birth Certificate
Driver's License
ID Card
Passport
Other: _____