

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

2. Middle Name(s))• 	Gender: Male Fe
2. Whalle (s)	/• _ _ _ _	_ _ Gender. Water
3. Country of Birth:		Nationality:
4. Date of Birth: _	/	Current Employment
5. Marital Status:	Single Married	Divorced Widowed
6. Over-seas Addr	ress	Local Contact Address
	7.	Telephone Number(s):
Local (contact): _ _	_ _ _	_ _ Over-seas: _ _
8. E-mail Address	:	
9. Have you ever b		National Insurance or The National Provident Fund in
9. Have you ever t Yes □ No □	been registered with The	
9. Have you ever b Yes □ No □ 10. If the answer t	been registered with The	National Insurance or The National Provident Fund in
9. Have you ever b Yes □ No □ 10. If the answer t	to the previous question is	National Insurance or The National Provident Fund in s "Yes", State your Number: _ _ _ _
9. Have you ever b Yes □ No □ 10. If the answer t	to the previous question is over(s):	National Insurance or The National Provident Fund in
9. Have you ever b Yes □ No □ 10. If the answer t	to the previous question is byer(s): 1)	National Insurance or The National Provident Fund in s "Yes", State your Number: _ _ _ _
9. Have you ever b Yes □ No □ 10. If the answer t	to the previous question is byer(s): 1)	National Insurance or The National Provident Fund in s "Yes", State your Number: _ _ _ _
9. Have you ever be Yes □ No □ 10. If the answer te	to the previous question is over(s): 1)	National Insurance or The National Provident Fund in s "Yes", State your Number: _ _ _ _
9. Have you ever be Yes □ No □ 10. If the answer te	to the previous question is byer(s): 1)	National Insurance or The National Provident Fund in s "Yes", State your Number: _ _ _ _ _ where you previously worked, the period and social

Income Category	Selected:	
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INCOME CATEGORIES

Category	Monthly Income US\$	Monthly Contribution US\$	Quarterly Income US\$	Quarterly Contribution US\$(8.84%)		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
В	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 C	Cheque & Transaction at EC\$2.00
NB.	ents for more than two consecutive quarters.
•	s true and correct to the best of my knowledge and
•	for registration under the National Insurance
Act No. 33/1986.	
Signature of Applicant	Date
In case of Mark	DD / MM / YYYY
Signature of Witness	
Any person who knowingly makes false statemed commits a criminal offence which is punishable by	ents or false representation to the National Insurance Services y a fine or imprisonment or both.
Please indicate how you were informed about the [] Employer [] Media (TV/Radio/Newspaper/In	
FOR OF	FFICIAL USE ONLY
ICertify the (Name of Registering Officer)	nat(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 rat	te of \$ quarterly.
Signature of Registering Officer	Date
Signature of Supervisor	Date
Authorized Officer's Signature	Date

Designati

ion		
	Supporting Documents	
Birth Certificate	Passport	Other:
Marriage Certificate	Deed Poll	Sign:
Declaration	Affidavit	Date:/
Driver's License	National ID	