



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

**INSTRUCTIONS:**

1. Please complete the Form in **BLOCK LETTERS**. Fields with \* are mandatory.
2. You must attach a valid copy of your **NATIONAL ID OR PASSPORT**.
3. If you have had any changes to your name, please provide a copy of the relevant supporting document(s).
4. Applicants must sign the declaration at the bottom of the form.

1. Have you ever been registered with the NIS or the National Provident Fund?

Yes  No

2. If "Yes", please state your number your NIS number: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

3. \*Surname |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

4. \*First Name: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

5. Middle Name: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

6. \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Marital Status: Single Married Divorced Widowed

8. \*Gender: Male  Female

9. \*Country of Birth: \_\_\_\_\_

10. \*Nationality: \_\_\_\_\_

11. Current Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Former Address (If Applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

14. Contact Information:

Home: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Mobile: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

15. Current Employer / Name of Business \_\_\_\_\_

Current Employer Contact Information: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Current Occupation \_\_\_\_\_

Current Salary (Monthly) \$ \_\_\_\_\_

16. Financial Institution: \_\_\_\_\_

17. Account#: \_\_\_\_\_

18. Account Type: \_\_\_\_\_

19. Account Holder: \_\_\_\_\_

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

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

All Correspondence Should Be Addressed To The Director

| National Insurance Services, P.O. Box 305, Upper Bay Street, Kingstown | Tel: 1-784-456-1514 |

| Email: nis@nisvg.org | Website: nisvg.org | Facebook: facebook.com/nisvg/ | WhatsApp: 1-784-456-1514 |

**Form VC**

**Revised January 2025**

Income Category Selected: \_\_\_\_\_

**Income Categories**

Category	Monthly Income US\$	Monthly Contribution US\$	Quarterly Income US\$	Quarterly Contribution US\$	Monthly Income EC\$	Monthly Contribution EC\$	Quarterly Income EC\$	Quarterly Contribution EC\$
A	1,392.00	164.80	4,176.00	494.45	3,716.64	440.05	11,149.92	1,320.15
B	960.00	113.65	2,880.00	341.00	2,563.20	303.50	7,689.60	910.45
C	768.00	90.95	2,304.00	272.80	2,050.56	242.80	6,151.68	728.35
D	576.00	68.20	1,728.00	204.60	1,537.92	182.10	4,613.76	546.25
E	385.00	45.60	1,155.00	136.75	1,027.95	121.70	3,083.85	365.15

**Please note this form is valid up to December 2025, as the contribution rate will be adjusted from January 1, 2026.**

**Declaration:**

I declare that the information given on this form is true and correct to the best of my knowledge and belief.

.....  
Signature of Applicant \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

.....  
Signature of Witness  
(In the case of mark) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**FOR OFFICIAL USE ONLY**

NIS #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

.....  
**Received by** Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

.....  
**Entered by** Date entered: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Supporting Documents**

- National ID       Passport       Other: .....
- Marriage Certificate       Deed Poll
- Birth Certificate       Affidavit

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