



ST. VINCENT AND THE GRENADINES NATIONAL INSURANCE SERVICES APPLICATION FOR REGISTRATION AS A SELF-EMPLOYED

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. NIS Number | | | | | | | |

2. *Date of Birth: | | | | | |

3. *Name

4. Alias.....

5. *Gender: Male Female

6. Marital Status: Single Married Divorced Widowed Other

7. Home No: | | | | | | | | | | | |

8. Mobile: | | | | | | | | | | | | | |

9. Fax No: | | | | | | | | | | | |

10. E-mail address:

11. Mailing address:

12. Residential address.....

13. *Nature of Business/Activity:.....
(be specific)

14. Occupation:.....

15. Business/Trade name (if applicable):
(be specific)

16. Date on which trade, business or work commenced:

____ / ____ / ____
Day Month Year

17. Date by which to expect initial payment by:

____ / ____ / ____
Day Month Year

18. Do you employ anyone? Yes No

Notes:

- I. Every Self-employed person is encouraged to register with the Director of National Insurance within seven (7) days of the date on which he/she becomes Self-employed.
- II. Any person who ceases to be Self-employed or changes his/her business name or address, should notify the Director of the National Insurance.

Please Turn Over

Kindly select an income/wage category by ticking the appropriate column in the table below

NB: The wage category selected must be used for at least six (6) months

Please note this form is valid up to December 2026, as the contribution rate will be adjusted from January 1, 2027.

Income Categories

Category	Weekly Income EC\$	Weekly Contribution (13.50%)	Tick Selection	Monthly Income	Monthly Contribution (13.50%)	Tick Selection
A	1,200.00	162.00	<input type="checkbox"/>	5,200.00	702.00	<input type="checkbox"/>
B	1,100.00	148.50	<input type="checkbox"/>	4,767.00	643.55	<input type="checkbox"/>
C	1,000.00	135.00	<input type="checkbox"/>	4,333.00	584.95	<input type="checkbox"/>
D	840.00	113.40	<input type="checkbox"/>	3,640.00	491.40	<input type="checkbox"/>
E	720.00	97.20	<input type="checkbox"/>	3,120.00	421.20	<input type="checkbox"/>
F	600.00	81.00	<input type="checkbox"/>	2,600.00	351.00	<input type="checkbox"/>
G	480.00	64.80	<input type="checkbox"/>	2,080.00	280.80	<input type="checkbox"/>
H	360.00	48.60	<input type="checkbox"/>	1,560.00	210.60	<input type="checkbox"/>
I	240.00	32.40	<input type="checkbox"/>	1,040.00	140.40	<input type="checkbox"/>
J	120.00	16.20	<input type="checkbox"/>	520.00	70.20	<input type="checkbox"/>

Declaration:

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

.....
Signature of Self-employed

____ / ____ / ____
Day Month Year

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

[] Previous Employer [] Media (TV/Radio/News Paper/Internet advertisements) [] NIS Programmes [] Friend/Relatives

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

All Correspondence Should Be Addressed to The Director