



- 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.**

19. Account Holder: _____

Revised January 2026

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	178.75	4,176.00	536.20		3,716.64	477.20	11,149.92	1,431.65
B	960.00	123.25	2,880.00	369.80		2,563.20	329.10	7,689.60	987.35
C	768.00	98.60	2,304.00	295.85		2,050.56	263.30	6,151.68	789.90
D	576.00	73.95	1,728.00	221.90		1,537.92	197.45	4,613.76	592.40
E	385.00	49.45	1,155.00	148.30		1,027.95	132.00	3,083.85	395.95

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

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 ☐

All Correspondence Should Be Addressed To The Director