



**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 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

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

| National Insurance Services, P.O. Box 305, Upper Bay Street, Kingstown | Tel: 1-784-456-1514 |  
| Email: nis@nissvg.org | Website: nissvg.org | Facebook: facebook.com/nissvg/ | WhatsApp: 1-784-456-1514 |