

**THE NATIONAL INSURANCE BOARD**

N.I. 79

**APPLICATION FOR REFUND**

NAME OF EMPLOYER: .....

REGISTRATION NUMBER

ADDRESS: .....

SERVICE CENTRE AT WHICH APPLYING: .....

NAME OF INSURED PERSON	N.I. NUMBER	POSTAL ADDRESS OF INSURED PERSON	PERIOD OF OVERSTAMPING	AMOUNT OF REFUND	REASON FOR OVERSTAMPING (State whether card attached)	STILL EMPLOYED WITH YOU	
						YES	NO

N.B. IF REASON FOR OVERSTAMPING IS THAT EMPLOYEE IS OVER 65, ENSURE THAT A COPY OF HIS BIRTH CERTIFICATE IS ATTACHED.

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SIGNATURE OF EMPLOYER

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DATE