

**APPLICATION FOR REPLACEMENT REGISTRATION CARD**

*(Prepare in Duplicate)*

**NOTE:** Please complete and attach a FORM NI 4 to this form.

THE EXECUTIVE DIRECTOR  
NATIONAL INSURANCE BOARD

Dear Sir,

I \_\_\_\_\_

(SURNAME)

(OTHER NAME(s))

hereby request a Replacement Registration Card as a result of the lost/mutilation of the previously issued card. I agree to pay the sum of \$10.00 for the replacement.

IDENTIFICATION:

(Tick Appropriate box)

TYPE:  PASSPORT

DRIVER'S PERMIT

ELECTORAL I.D. CARD

NO:

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\_\_\_\_\_  
(SIGNATURE OR MARK OF INSURED PERSON)

DATE: 

YYYY				MM		DD			

**PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign)**

NAME: \_\_\_\_\_  
(SURNAME) (OTHER NAME(s))

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OCCUPATION: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF WITNESS)

DATE: 

YYYY				MM		DD			

**(FOR OFFICIAL USE)**

RECEIPT NO: \_\_\_\_\_

**NAME**

**SIGNATURE**

DATE: 

YYYY				MM		DD			

NI NO. VERIFIED BY: \_\_\_\_\_

YYYY				MM		DD			

MODIFICATION EFFECTED BY: \_\_\_\_\_

YYYY				MM		DD			

**RECEIPT OF CARD BY INSURED PERSON**

I certify that I have recieved the Replacement Registration Card.

\_\_\_\_\_  
(SIGNATURE OR MARK OF INSURED PERSON)

**NAME**

**SIGNATURE**

DATE: 

YYYY				MM		DD			

CERTIFIED AND/OR WITNESSED BY: \_\_\_\_\_

DATE: 

YYYY				MM		DD			