

THE NATIONAL INSURANCE BOARD
THE NATIONAL INSURANCE REGISTRATION REGULATIONS
APPLICATION TO REGISTER AS AN EMPLOYED PERSON
(Other than Self-employed)

INSTRUCTIONS

1. Please TYPE or complete in BLOCK LETTERS.
2. Employers must register employed persons and apprentices within 14 days of employment. Late registration could result in a fine.
3. The law requires that you furnish your employer with the personal particulars necessary to complete this form.
4. All questions must be answered: if you do not know your Father's name or Mother's maiden name, the words "not known" must be inserted on the respective lines.
5. Proper recording of your National Insurance Contributions and prompt and accurate settlement of your claims cannot be achieved if you do not provide the information required on this form.
6. Read the Declaration at the back carefully and sign in the space provided.

FOR OFFICIAL USE

LOCAL OFFICE NO.:

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NATIONAL INSURANCE NO.:

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ALL INFORMATION MUST BE VERIFIED BY YOUR EMPLOYER

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| <p>1. Surname: <table border="1" style="width: 100%; height: 20px;"></table></p> <p style="text-align: center;">Middle Name: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>2. Name at birth if different from above: (Changed by Deed Poll, Marriage)</p> <p>Surname: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>3. Other names by which known:</p> <p>Surname: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>4. Are you an apprentice? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>6. Home Address: <table border="1" style="width: 100%; height: 20px;"></table></p> <p style="text-align: center;">STREET</p> <p><table border="1" style="width: 100%; height: 20px;"></table></p> <p style="text-align: center;">CITY/DISTRICT/COUNTY</p> <p>7. Date of Birth: <table border="1" style="width: 100%; height: 20px;"></table></p> <p style="text-align: center;">YYYY MM DD</p> <p>8. Place of Birth: <table border="1" style="width: 100%; height: 20px;"></table></p> <p style="text-align: center;">STREET</p> <p><table border="1" style="width: 100%; height: 20px;"></table></p> <p style="text-align: center;">CITY/DISTRICT/COUNTY</p> <p>9. Multiple Birth: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", please state name of siblings.</p> <p>Surname: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>Surname: <table border="1" style="width: 100%; height: 20px;"></table></p> | <p>First Name: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>First Name: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>First Name: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>Telephone No.: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>Telephone No.: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>Other Name(s): <table border="1" style="width: 100%; height: 20px;"></table></p> <p>Other Name(s): <table border="1" style="width: 100%; height: 20px;"></table></p> <p>10. Any Family members with same name? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", please state relationship and Date of Birth:.</p> <p>Relationship: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>Relationship: <table border="1" style="width: 100%; height: 20px;"></table></p> <p>Date of Birth: <table border="1" style="width: 100%; height: 20px;"></table></p> <p style="text-align: center;">YYYY MM DD</p> <p>Date of Birth: <table border="1" style="width: 100%; height: 20px;"></table></p> <p style="text-align: center;">YYYY MM DD</p> |
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