

THE NATIONAL INSURANCE BOARD
THE NATIONAL INSURANCE (CONTRIBUTIONS) REGULATIONS, 1972
APPLICATION FOR CERTIFICATE OF VOLUNTARY INSURANCE

(Please Use Block Capitals)

NOTE: Please present both your Birth Certificate/Affidavit (if necessary) and valid identification when submitting this application.

SECTION "A" - TO BE COMPLETED BY APPLICANT

1. NAME:
SURNAME OTHER NAME (S)

2. HOME ADDRESS:
(STREET)

(CITY/DISTRICT/COUNTY)

3. NATIONAL INSURANCE NO.: 4. DATE OF BIRTH:
YYYY MM DD 5. GENDER: MALE FEMALE
(Supply copy of Birth Certificate)

6. VALID IDENTIFICATION: (Tick appropriate box)
 PASSPORT DRIVER'S PERMIT ELECTORAL I.D. NO. NUMBER:

7. DATE OF TERMINATION OF EMPLOYMENT:
YYYY MM DD 8. LAST PROFESSION/OCCUPATION:

9. ARE YOU NOW ? SELF-EMPLOYED UNEMPLOYED
(Tick one box)

10. EMPLOYER(S) FOR LAST TWO (2) YEARS OF EMPLOYMENT:

YEAR	NAME OF EMPLOYER	ADDRESS OF EMPLOYER	PERIOD OF EMPLOYMENT

DECLARATION

I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

 SIGNATURE OR MARK OF APPLICANT

DATE:
Y Y Y Y M M D D

SECTION "A" - TO BE COMPLETED BY APPLICANT (Cont'd)

PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign)

NAME:

SURNAME

OTHER NAME(S)

ADDRESS:

(STREET)

(CITY/DISTRICT/COUNTRY)

OCCUPATION:

PASSPORT

VALID IDENTIFICATION: DRIVER'S PERMIT
(Tick Appropriate Box)

ELECTORAL I.D.

NUMBER:

SIGNATURE OF WITNESS:

DATE:
 YYYY MM DD