

THE NATIONAL INSURANCE BOARD
TERMINATION CERTIFICATE

Instructions:

1. Please complete in duplicate.
2. This certificate must be completed for employment period in the **current financial year on (1st July to 30th June)**.
3. Issue original to the employee and submit the copy to the National Insurance Office within thirty (30) days of termination of employment. Failure to do so can result in affine and imprisonment upon summary conviction.

Particulars of Employer:

Name: _____

Address: _____

Registration No.:

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I certify that Mr./Miss/Mrs. _____

Whose National Insurance Number is

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 was employed in the above-named

company for ____ National Insurance weeks during the period

YYYY				MM				DD												

 to

YYYY				MM				DD												

Total wages paid during this period was \$ _____

Total value of contributions deducted from these wages was \$ _____

Total value of contributions paid to the NIB for this period was \$ _____

I declare that the foregoing information is true and correct.

Company Stamp

Name: _____

Position: _____

Signature: _____

Date:

YYYY				MM				DD												