**THE NATIONAL INSURANCE BOARD**

**CHANGE OF PARTICULARS OF THE INSURED PERSON**

**NI 182**

**NOTE:**
(1) THIS FORM CAN BE SUBMITTED BY POST OR IN PERSON OR BY YOUR EMPLOYER TO THE SERVICE CENTRE.

(2) THIS FORM MUST BE COMPLETED IF YOU HAVE CHANGED YOUR :-
(i) Name, Date of Birth or Marital Status - Original documents (e.g. Marriage Certificate) or a copy certified by your employer must be submitted to support these changes.
(ii) Home/Postal Address, e-mail Address or Telephone Number - No supporting documents are required for these changes

<table>
<thead>
<tr>
<th>NATIONAL INSURANCE NUMBER</th>
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<table>
<thead>
<tr>
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<th>2</th>
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</thead>
<tbody>
<tr>
<td><strong>PARTICULARS</strong></td>
<td><strong>PREVIOUS DETAILS</strong></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Other Name(s)</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
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<tr>
<td>Postal Address (If Different)</td>
<td></td>
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<tr>
<td>Telephone No.</td>
<td></td>
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<tr>
<td>E-mail Address</td>
<td></td>
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<tr>
<td>Date of Birth</td>
<td>YYY MM DD</td>
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<tr>
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</thead>
<tbody>
<tr>
<td><strong>NEW DETAILS</strong></td>
</tr>
<tr>
<td>Surname</td>
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<tr>
<td>Other Name(s)</td>
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<tr>
<td>Home Address</td>
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<tr>
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<tr>
<td>E-mail Address</td>
</tr>
<tr>
<td>Date of Birth</td>
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</table>

**MARITAL STATUS**

- Single
- Married
- Widowed
- Divorced
IDENTIFICATION OF INSURED (Tick appropriate box)

- [ ] PASSPORT
- [ ] DRIVER'S PERMIT
- [ ] E.I.D

NUMBER: __________________________

SIGNATURE OR MARK OF INSURED PERSON

NAME OF WITNESS TO MARK

DATE: ____________________________

SIGNATURE OF WITNESS TO MARK

DATE: ____________________________

(NAME OF EMPLOYER/REPRESENTATIVE)
certify that I have seen the original
document(s) and identification
submitted with the form

SIGNATURE OF EMPLOYER/REPRESENTATIVE

COMPANY STAMP

FOR OFFICIAL USE

SERVICE CENTRE .................................................................

1. Original Document/Copy Certified by Employer Seen (Tick appropriate box(es)).

- [ ] BIRTH CERTIFICATE
  (Affidavit if necessary)
- [ ] DEED POLL
- [ ] MARRIAGE CERTIFICATE
- [ ] IDENTIFICATION AS PREVIOUSLY INDICATED
- [ ] OTHER

NAME

SIGNATURE

DATE

RECEIVED BY:

CUSTOMER SERVICE REPRESENTATIVE

CUSTOMER SERVICE REPRESENTATIVE

YYYY MM DD

2. To: Manager, Records

Date forwarded for microfiling.

NAME

SIGNATURE

DATE

CLERICAL OFFICER II/ SUPERVISOR

CLERICAL OFFICER II/ SUPERVISOR

YYYY MM DD