## THE NATIONAL INSURANCE BOARD

## CHANGE OF PARTICULARS OF THE INSURED PERSON

(2) <b>THIS</b>	FORM CAN BE SUBMITTED BY POST OR IN PERSON OR BY YOUR EMPLOY FORM MUST BE COMPLETED IF YOU HAVE CHANGED YOUR :- Name, Date of Birth or Maritial Status - Original documents (e.g. Marriage Certifi Home/Postal Address, e-mail Address or Telephone Number - No supporting d	icate) or a copy certified by your employer must be submitted to support these changes.
NATIO		
1 PARTICULARS	2 PREVIOUS DETAILS	3 NEW DETAILS
SURNAME		SURNAME SURNAME
OTHER NAME(S)		OTHER NAME(S)
HOME ADDRESS		HOME ADDRESS
POSTAL ADDRESS (If Different)		POSTAL ADDRESS (If Different)
TELEPHONE NO.		TELEPHONE NO.
E-MAIL ADDRESS	<u> </u>	E-MAIL ADDRESS
DATE OF BIRTH	I     I     I       YYYY     MM     DD	DATE OF BIRTH
MARITAL STATUS	S SINGLE MARRIED	MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED

IDENTIFICATION OF INSURED (Tick appropriate box)				
PASSPORT DRIVER'S PERMIT	E.I.D	I		
NUMBER:		certify that I have seen the original document(s) and identification submitted with the form		
SIGNATURE OR MARK OF INSURED PERSON	DATE:			
		SIGNATURE OF EMPLOYER/REPRESENTATIVE		
NAME OF WITNESS TO MARK		COMPANY STAMP		
SIGNATURE OF WITNESS TO MARK	DATE:			
	FOR OFFICIAL USE			
ACTION AT SERVICE CENTRE				
SERVICE CENTRE				
1. Original Document/Copy Certified by Employer Seen (Tick appropriate box(es)).           BIRTH         CERTIFICATE         DEED POLL         MARRIAGE CERTIFICATE         IDENTIFICATION AS         OTHER           (Affidavit if necessary)         DEED POLL         MARRIAGE CERTIFICATE         PREVIOUSLY INDICATED         OTHER				
NAME	SIGNATU			
RECEIVED BY:				
RECEIVED BY: CUSTOMER SERVICE REPRE				
RECEIVED BY:				
CUSTOMER SERVICE REPRE 2. To: Manager, Records				