THE NATIONAL INSURANCE BOARD

APPLICATION FOR REPLACEMENT REGISTRATION CARD

(Prepare in Duplicate)

NOTE: Please complete and attach a FORM NI 4 to this form.

THE EXECUTIVE DIRECTOR
NATIONAL INSURANCE BOARD

Dear Sir,

I ____________________________

(SURNAME) (OTHER NAME(s))

hereby request a Replacement Registration Card as a result of the lost/mutilation of the previously issued card. I agree to pay the sum of $10.00 for the replacement.

IDENTIFICATION: TYPE: □ PASSPORT □ DRIVER’S PERMIT □ ELECTORAL I.D. CARD

(Tick Appropriate box)

NO: ____________ ____________ ____________ ____________ ____________ ____________

(SIGNATURE OR MARK OF INSURED PERSON)

DATE: ____________ ____________ ____________

YYYY MM DD

PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign)

NAME: ____________________________

(SURNAME) (OTHER NAME(s))

ADDRESS: __________________________________________

____________________________________________________

OCCUPATION: _________________________________________

(SIGNATURE OF WITNESS)

DATE: ____________ ____________ ____________

YYYY MM DD

(FOR OFFICIAL USE)

RECEIPT NO: ______________

NAME

SIGNATURE

NI NO. VERIFIED BY: ____________________________

DATE: ____________ ____________ ____________

YYYY MM DD

MODIFICATION EFFECTED BY: ____________________________

DATE: ____________ ____________ ____________

YYYY MM DD

RECEIPT OF CARD BY INSURED PERSON

I certify that I have received the Replacement Registration Card.

____________________________________________________

(SIGNATURE OR MARK OF INSURED PERSON)

NAME

SIGNATURE

CERTIFIED AND/OR WITNESSED BY: ____________________________

DATE: ____________ ____________ ____________

YYYY MM DD

07/2009