THE NATIONAL INSURANCE BOARD THE NATIONAL INSURANCE REGISTRATION REGULATIONS APPLICATION TO REGISTER AS AN EMPLOYED PERSON

(Other than Self-employed)

1	INSTRUCTIONS					
1.	Please TYPE or complete in BLOCK LETTERS.					
2.	Employers must register employed persons and apprentices within 14 days of employment. Late registration could result in a fine.					
3.	The law requires that you furnish your employer with the personal particulars necessary to complete this form.					
4.	All questions must be answered: if you do not know your Father's name or Mother's maiden name, the words "not known" must be inserted on the respective lines.					
5	Proper recording of your National Insurance Contributions and prompt and accurate settlement of your claims cannot be achieved if you do not provide the information required on this form.					
6	Read the Declaration at the back carefully and sign in the space provided. FOR OFFICIAL USE LOCAL OFFICE NO.:					
	ALL INFORMATION MUST BE VERIFIED BY YOUR EMPLOYER					
	NATIONAL INSURANCE NO.:					
1.	Surname: First Name: First Name:					
	Middle Name:					
	Name at birth if different from above: (Changed by Deed Poll, Marriage)					
	Surname: First Name: First Name:					
	Other names by which known: Surname: First Name: First Name:					
	I. Are you an apprentice? Yes No Telephone No.:					
э.	Gender: Female Male					
6.	Home Address: STREET					
	CITY/DISTRICT/COUNTY					
7.	Date of Birth: YYYY MM DD 8. Place of Birth: STREET					
9.	Multiple Birth: Yes No					
	If "Yes", please state name of siblings. CITY/DISTRICT/COUNTY					
	Surname: Other Name(s):					
	Surname: Other Name(s):					
0. Any Family members with same name? Yes No If "Yes", please state relationship and Date of Birth:.						
	Relationship: Date of Birth:					
	Relationship: Date of Birth:					

YYYY

MM

DD

11. Father's Name:					
Surname:		First Name:			
12. Mother's Maiden Name:					
13. Valid Identification Document (one Only):					
Electoral Identification Card Passport Driver's Permit YYYY MM DD					
		¬	TITE WINE DD		
Number:					
14. Marital Status: Single	Married	Separated			
Widowed Divorced Common Law					
15. If Marital Status is Common Law	, please give particulars of Commo	on Law Spouse:			
Name of Common Law Spouse:					
Surname:		First Name:			
16. Business Name of Employer:					
17. Address of Employer:					
		STREET			
		CITY/DISTRICT/COUNTY			
18. Occupation:		19. Pay Frequency: Daily			
To: occupation:		Weekly	Amount \$		
20. First Date of Employment:		Fortnightly	<i>-</i>		
YYYY MM DD Monthly					
21. Have you been previously registered? Yes No If "Yes", state N.I. Number:					
22. Are you currently employed elsewhere? Yes No					
If "Yes", state Business Name and Address of Other Employer:					
Business Name of Employer:					
Address of Employer:					
Address of Employer.		STREET			
		CITY/DISTRICT/COUNTY			
CERTIFICATE OF DECLARANT					
I solemnly and sincerely declare that I am the applicant named herein and that the particulars set out in this application are true. I make this declaration conscientiously believing same to be true 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.					
Employer's Registration No:					
Declared this					
YYYY N	MM DD				
Signature or Mark of Declarant Signature or Witness to Mark					
Was information verified by Emplo	yer? Yes No				
			COMPANY STAMP		
CIONATURE OF EMPLOYER		DECICNATION			
SIGNATURE OF EMPLOYER		DESIGNATION	ı J		