## THE NATIONAL INSURANCE BOARD THE NATIONAL INSURANCE REGISTRATION REGULATIONS

APPLICATION TO REGISTER AS AN EMPLOYER

Please Read these Instruct  1. Please type or Complete in Block Letter  2. The Form must be Signed by the Manag	FOR OFFICIAL USE LOCAL OFFICE NO.:  EMPLOYER REGISTRATION NO.:											
1. NAME OF BUSINESS OR COMPANY	1											
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2. ADDRESS OF BUSINESS OR COMP.	ANY (State exact addr	ess e.g. Mile Mark	, Light	Pole Nu	ımber)	•		-		_		
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3. MAILING ADDRESS OF BUSINESS C	OR COMPANY			•	•							
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4. COMPANY BOARD OF	5. COM	PANY REGISTRA	TION N	UMBE	R:		100	MPAN GISTR		100	t.	
INLAND REVENUE NUMBER:					×			GIOTRI T	T	· · · · ·		
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7. NAME AND HOME ADDRESS OF OV	WNFRS/PARTNERS/I	DIRECTORS				F16. 6	u riĝo di Si	1111		VIIVI	UU	
(Use separate sheet for additional Own WARNING! THE BOARD MU	ners/partners/directors	)	OF A	NV C	HAN	GES						
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