

THE NATIONAL INSURANCE BOARD
CHANGE OF PARTICULARS OF THE INSURED PERSON

NOTE: (1) THIS FORM CAN BE SUBMITTED BY POST OR IN PERSON OR BY YOUR EMPLOYER TO THE LOCAL OFFICE
(2) THIS FORM MUST BE ACCOMPANIED BY THE ORIGINAL DOCUMENT OR A COPY OF THE DOCUMENT CERTIFIED BY YOUR EMPLOYER FORMALISING THE CHANGE

NATIONAL INSURANCE NUMBER

1 PARTICULARS	2 PREVIOUS DETAILS	3 NEW DETAILS
SURNAME	<input type="text"/>	<input type="text"/>
OTHER NAME (S)	<input type="text"/>	<input type="text"/>
HOME ADDRESS	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<input type="text"/> YYYY MM DD	<input type="text"/> YYYY MM DD
MARITAL STATUS	<input type="text"/>	<input type="text"/>

IDENTIFICATION OF INSURED (Tick (/) appropriate box)

PASSPORT DRIVER'S PERMIT E.I.D.

NUMBER

SIGNATURE OR MARK OF INSURED PERSON

DATE
YYYY MM DD

SIGNATURE OF WITNESS TO MARK

DATE
YYYY MM DD

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

(SIGNATURE OF EMPLOYER/REPRESENTATIVE)

COMPANY STAMP

FOR OFFICIAL USE

ACTION AT LOCAL OFFICE

LOCAL OFFICE.....

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

- BIRTH CERTIFICATE
- DEED POLL
- MARRIAGE CERTIFICATE
- IDENTIFICATION AS PREVIOUSLY INDICATED

NAME

SIGNATURE

DATE

RECEIVED BY: _____
MANAGER LOCAL OFFICE

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YYYY MM DD

2. To: Manager, Central Records Office

Kindly update records in accordance with change of particulars as indicated overleaf

NAME

SIGNATURE

DATE

MANAGER LOCAL OFFICE

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YYYY MM DD