

THE NATIONAL INSURANCE BOARD
APPLICATION FOR REPLACEMENT REGISTRATION CARD

NI 33

(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
(Tick (✓) Appropriate Box)

TYPE: PASSPORT DRIVER'S PERMIT ELECTORAL IDENT. CARD

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: _____ DATE:

YYYY		MM		DD	

NAME **SIGNATURE** **DATE**

NI NO. VERIFIED BY: _____

YYYY		MM		DD	

MODIFICATION EFFECTED BY: _____

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) DATE:

YYYY		MM		DD	

NAME **SIGNATURE** **DATE**

CERTIFIED AND/OR WITNESSED BY: _____

YYYY		MM		DD	