

THE NATIONAL INSURANCE BOARD
THE NATIONAL INSURANCE(CONTRIBUTIONS) REGULATIONS, 1972
APPLICATION FOR A CERTIFICATE OF VOLUNTARY INSURANCE

1. Surname:..... Other Names:.....
 (BLOCK LETTERS)

2. Address:.....

N.I. NUMBER

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3.

Date of Birth		

 (Supply copy of Birth Certificate)

M F

E.I.D. No.

4. Date of Termination of Employment

Day	Mth	Yr.

5. Last Profession/Occupation:.....

6. Are you now (a) Self-employed

(b) Unemployed

(Please tick appropriate box)

7. EMPLOYER(S) FOR LAST TWO(2) YEARS OF EMPLOYMENT:

YEAR	NAME OF EMPLOYER	ADDRESS OF EMPLOYER	PERIOD OF EMPLOYMENT

I hereby declare that the information given above is true and correct.

.....
 Signature or Mark

.....
 Date

WITNESS TO MARK WHERE CLAIMANT CANNOT SIGN:

Name:.....

Address:.....

Occupation:.....

Date:.....

NOTE: *Please present both your Birth Certificate and Electoral I.D. Card when submitting this application. They will be returned immediately.*

WARNING! It is an offence punishable by law to give false information.