

THE NATIONAL INSURANCE BOARD TERMINATION CERTIFICATE

Instructions:

1. Please complete in duplicate.
2. This certificate must be completed for employment periods in the **current financial year only (1st July to 30th June.)**
3. Issue original to the employee and submit the copy to the National Insurance Local Office within thirty (30) days of termination of employment. Failure to do so can result in a fine and imprisonment upon summary conviction.

Particulars of Employer:

Name: _____

Address: _____

Reg. No.:

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I certify that Mr./Miss/Mrs. _____
whose National Insurance Number is

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 was employed in the above-named company
for _____ National Insurance weeks during the period

YYYY	MM	DD				

 to

YYYY	MM	DD				

Total wages paid during this period was \$ _____
Total value of contributions deducted from these wages was \$ _____
Total value of contributions paid to the NIB for this period was \$ _____

Company Stamp

I declare that the foregoing information is true and correct.

Name: _____

SURNAME *OTHER NAME(S)*

Position _____

Signature _____

Date:

YYYY	MM	DD				

Warning: It is an offence punishable by law to give false information.