



NATIONAL INSURANCE ACT, 1986
APPLICATION FOR REGISTRATION OF AN EMPLOYER
(TO BE COMPLETED BY THE EMPLOYER)

1. Employer's Name in full:

2. Business/Trading name

3. Type of business: Sole Trader [] * Partnership [] * Company [] Other []

4. Postal address in full

5. Nature of Business

Location:

6. Is your business carried on in one location? Yes [] No []

7. If the answer to (6) is "NO" please state here the various addresses at which your business is carried on.

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.....

8. Telephone #: |_|_|_|_|_|_|_|_| Fax #: |_|_|_|_|_|_|_|_| E-Mail:.....

Mobile #: |_|_|_|_|_|_|_|_|

9. Total number of employees between 16 and 60 years of age: Male [] Female []

10. Total number of employees under 16 and over 60 years of age Male [] Female []

11. Date on which operation commenced |_|_|_|_|_|_|_|_|
D M Y

12. Expected total monthly/weekly salaries or wages:

13. Please note that in accordance with SR&O no. 21 of 1986 Part V Section 9 you are required to keep a wages book or similar record giving details of insurable earnings, hours worked, NIS #, name, date of birth and address of all employees.

FOR OFFICIAL
COMPLIANCE DISTRICT
REGION
NATURE OF BUSINESS

The Executive Director
National Insurance Services

I declare that the information given above is true and correct and I hereby apply for registration as an employer under the National Insurance Services Act of St. Vincent and the Grenadines.

Date:

Signature:

Name:

*** Please supply Articles and Certificate of Incorporation / Partnership Agreement /
Certificate of Name Registration where applicable**

FOR OFFICIAL USE (INSTRUCTIONS, NOTES ETC.)

Employer Registration No. |__|__|__|__|__|__|

Particulars entered in computer : []
Date

Remittance form issued : []
Date

OR

E-Submit Registration Submitted : []
Date

Action taken by:
(Registration Officers' Signature)

.....
Date

.....
Signature of Compliance Officer/Supervisor *Date*

.....
Verified by *Date*