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

1. Employer’s Name in full: ______________________________________________________

   Please fill in BLOCK LETTERS

2. Business/Trading name: ______________________________________________________

   Please fill in BLOCK LETTERS

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.

____________________________________________________________________________

8. Telephone #: | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

    Fax #: | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

    Mobile #: | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

    E-Mail: ________________________________________________________________

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: __/__/____

   Day Month Year

12. Expected total monthly/weekly salaries or wages: _____________________________

   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.

   *Please Turn Over*

Form R.3 Revised Jan 2016
Please Provide The Following Accompanying Documentation Where Applicable

For Sole Trader with Registered Business Name:  
Certificate of Registration

For Partnership
Partnership Agreement

For Company:
Certificate of Incorporation
Articles of Incorporation
~ Notice of Directors
~ Notice of Appointment of Secretary/Assistant
~ Notice of Address
By Law's
Any other relevant documentation

If for any reason your business is dormant or ceased for any period you must inform the NIS in writing.

The Executive Director
National Insurance Services

I declare that the information given on this form 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.

PRINT Name: ________________________________

Signature: ________________________________  Date: ____/____/____

Day    Month    Year

FOR OFFICIAL USE ONLY

Employer Registration No. |___|___|___|___|___|___|

Log #: ______

Particulars entered in computer  :   ____/____/____  [ ]

Day    Month    Year

Remittance Form Issued  :   ____/____/____  [ ]

Day    Month    Year

OR
E-Submit Registration Submitted? :   ____/____/____  [ ]

Day    Month    Year

Action taken By: ______________________________________  ____/____/____

Day    Month    Year

Verified By: ______________________________________  ____/____/____

Day    Month    Year

Form R.3  Revised Jan 2016