

ST.VINCENT AND THE GRENADINES, NATIONAL INSURANCE SERVICES

APPLICATION FOR REGISTRATION AS A SELF EMPLOYED CONTRIBUTOR

Kindly provide a copy of your BIRTH CERTIFICATE or PASSPORT as well as your MARRIAGE CERTIFICATE, DEED POLL or AFFIDAVIT if applicable.

NIS Number:		Date of Birth:	Day Month Year
Name			
	Please fill in BLOCK LETTERS		
Rusiness/Trad	e name (if any):		
Dusiness/ 11ac	Please fill in BLOCK L	LETTERS	
Marital Statu	s: Single □ Married □ Divorced □ Wi	idowed □ Other □	
Alias:	Gender:	Male □ Female □	
Phone No. /_		ID #:	
/_	E-mail .	Address:	
Address where	e main activities are carried on:		
Nature of Busi	ness/Activity:(be	specific)	
Mailing address	ss: Residential	address:	
Date when trace	de, business or work commenced://	Do you employ anyone?	Yes □ No □
Notes:			
(1)	Any person who ceases to be Self-employed or change Executive Director of the National Insurance.	s his business name or add	lress, must notify the
(2)	Any person who contravenes, or fails to comply with the and liable to a fine of two hundred dollars or, where contravention or failure after conviction thereof, to a fine one hundred dollars for each day on which it is so continuous.	e the offence consists of ne of two hundred dollars to	continuing any such

Kindly select a wage category by ticking the appropriate column from the table below.

NB: You are allowed to change your category after six(6) months of contribution. You may only change to the category immediately above or below your current category.

Category	Weekly	Weekly	Monthly	Monthly	Tick
	Income	Contribution	Income	Contribution	Selection
A	\$ 1000.00	\$ 95.00	\$ 4,333.00	\$ 411.64	
В	\$ 840.00	\$ 79.80	\$ 3,640.00	\$ 345.80	
С	\$ 720.00	\$ 68.40	\$ 3,120.00	\$ 296.40	
D	\$ 600.00	\$ 57.00	\$ 2,600.00	\$ 247.00	
Е	\$ 480.00	\$ 45.60	\$ 2,080.00	\$ 197.60	
F	\$ 360.00	\$ 34.20	\$ 1,560.00	\$ 148.20	
G	\$ 240.00	\$ 22.80	\$ 1,040.00	\$ 98.80	
Н	\$ 120.00	\$ 11.40	\$ 520.00	\$ 49.40	

	Н	\$ 120.00	\$	11.40	\$	520.00	\$	49.40			
							/	/			
Signatu	ire of Self-employ	ved	Day Month Year								
*	Please indica	ate how you wo	ere inf	ormed ab	out th	e Nati	ional	Insurance	Services	•	
[] Pre	vious Employer	[] Media (TV/Ra	dio/Nev	vs Paper/Inte	rnet ad	vertiser	nents)	[] NIS Pro	grams [] F	riend/Relatives	
	FOR OFFIC	CIAL USE ON	LY								
Self-ei	mployed person	interviewed by I	nspecto	or/officer	Yes	s []	No	[]			
Signati	ure of Interviewin	g Officer			/_ Day M	onth Y	/ear				
Self-ei	mployed Registr	ation No. _			_			Log	g #:		
Particu	ulars entered in c	computer :	Day M	onth Year	[]					
Remit	tance Form Issue	ed :	Day M	onth Year	[]					
Action	ı taken By:					-	Day	/Month Year			
Verifie	ed By:					Day	_/_ Montl	h Year			