

Income Category Selected: _____ **INCOME CATEGORIES**

Category	Monthly Income US\$	Monthly Contribution US\$	Quarterly Income US\$	Quarterly Contribution US\$(8.84%)	Monthly Income EC\$	Monthly Contribution EC\$	Quarterly Income EC\$	Quarterly Contribution EC\$
A	1,392.00	123.05	4,176.00	369.16	3,716.64	328.55	11,149.92	985.65
B	960.00	84.86	2,880.00	254.59	2,563.20	226.59	7,689.60	679.76
C	768.00	67.89	2,304.00	203.67	2,050.56	181.27	6,151.68	543.80
D	576.00	50.92	1,728.00	152.76	1,537.92	135.95	4,613.76	407.86
E	385.00	34.03	1,155.00	102.11	1,027.95	90.87	3,083.85	272.61

Conversion Rate US\$1= EC\$2.67

Traveler's Cheques: Bank Charge at EC\$0.20 per Cheque & Transaction at EC\$2.00

NB. ❖ Contributors should not miss payments for more than two consecutive quarters.

I declare that the information given above is true and correct to the best of my knowledge and belief, and I hereby make application for registration under the National Insurance Act No. 33/1986.

.....
Signature of Applicant

.....
Date

.....
In case of Mark
Signature of Witness

.....
Date

Any person who knowingly makes false statements or false representation to the National Insurance Services commits a criminal offence which is punishable by a fine or imprisonment or both.

Please indicate how you were informed about the National Insurance Services:

Employer Media (TV/Radio/Newspaper/Internet) NIS Programs Friend/Relative

FOR OFFICIAL USE ONLY

I..... Certify that
(Name of Registering Officer) (Name of Applicant)

Has been duly approved by the National Insurance Board to be a Voluntary Contributor to the St. Vincent and the Grenadines National Insurance Services from.....

He/she will be required to pay contribution at the rate of \$..... quarterly.

.....
Signature of Registering Officer

.....
Date

.....
Signature of Supervisor

.....
Date

.....
Authorized Officer's Signature

.....
Date

.....
Designation