



*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.*

**FOR OFFICIAL USE ONLY**

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

Has been duly been 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 \$..... monthly.

.....  
**Registering Officer's Signature** **Date**

.....  
**Authorized Officer's Signature** **Date**

.....  
**Designation**