



NATIONAL INSURANCE ACT, 1986

Application for Registration as an Employee

INSTRUCTIONS

1. Please complete the form in **BLOCK** letters. Fields with * are mandatory.
2. You **must** attach a valid copy of your **PASSPORT OR NATIONAL ID OR BIRTH CERTIFICATE**. In the case of a name change, provide a copy of your **DEED POLL OR AFFIDAVIT OR MARRIAGE CERTIFICATE**.
3. Applicants **must** sign declaration on reverse side of the form
4. Forms **must** be submitted with employer's signature and stamp (if applicable).
5. Employer **must** register employed persons within 7 days of employment.

1. Have you ever been registered with the NIS or National Provident Fund? Yes [] No []

2. *If yes, please state your NIS number: |_|_|_|_|_|_|_|_|_|_|

3. *Surname: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| 4. *First Name: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

5. Middle Name(s): |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| 6. *Date of Birth: ___/___/___
Day Month Year

7. Alias(Nick Name), if any: _____

9. E-mail Address: _____ 8. *Gender: Male Female

10. Postal Address: _____ 11. Telephone #

12. Residential Address: _____ Home |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Mobile |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

13. Country of Birth: _____

14. *Marital Status: Single Married Divorced Widowed Other

15. If married, state date of Marriage ___/___/___ 16. Spouse's Name: _____
Day Month Year

17. *Occupation: _____

18. If you were employed previously, please state:

Name of Employer/Business: _____ Date Started: _____ Date Ended: _____

i. _____ - _____

ii. _____ - _____

iii. _____ - _____

19. Financial Institution: _____ 20. Account#: _____

To Be Completed By The Employer

Employer's Registration Number: | |_| | |_| | |_| | |_| | |_| | |_|

Employer's Name: _____

Employer's Trade Name: _____

Employer's Address: _____

Employer's E-mail: _____

Telephone Numbers:

| |_| | |_| | |_| | |_| | |_| | |_| | |_| | |_|
(Business)

| |_| | |_| | |_| | |_| | |_| | |_| | |_| | |_|
(Mobile)

Date of Employment: ____/____/____
Day Month Year

Is the employee currently earning \$15.00 or more weekly? Yes [] No []

Authorized Name: _____

Authorized Signature: _____

Date: ____/____/____
Day Month Year



Declaration

I declare that the information given on this form is true and correct to the best of my knowledge and belief.

Signature (or Mark) of Applicant: _____ In case of Mark
Signature of Witness: _____

Date: ____/____/____
Day Month Year

Date: ____/____/____
Day Month Year

Any person who makes or uses a false instrument with the intent to deceive or induce another to accept it as genuine for this process shall be liable to imprisonment for ten (10) years

For Official Use Only

Supporting Documents

Birth Certificate Passport
Marriage Certificate Deed Poll
Declaration Affidavit
National ID

Other: _____

Sign. _____ Date ____/____/____
Day Month Year

NIS # | |_| | |_| | |_| | |_| | |_|

Entered By: _____

Sign. _____ Date ____/____/____
Day Month Year

Verified By _____ Date ____/____/____
Day Month Year