NATIONAL INSURANCE ACT, Cap 296 of 2009
APPLICATION FOR REGISTRATION AS AN EMPLOYER
Section A

INSTRUCTIONS
1. **Please complete the form in BLOCK letters. Fields with * are mandatory.**
2. **Applicants must sign declaration on reverse side of the form.**

1. ***Company/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 [ ]_____
   Please Specify

4. ***Nature of Business:** _____

5. **Postal address:**_____

6. ***Location:**_____
   (Give Specifics – e.g. Name of street/colour of building/nearest known land mark or business/pole number.)

7. **Is your business conducted in one location?**   Yes [ ]   No [ ]

8. **If the answer to (7) is "No" please state here the various addresses at which your business is carried on.**

   _____

   _____

9. **Name of Associated Business:** _____

10. **Telephone #:** | | | | || | | | | | | | | **Fax #:** | | | | || | | | | | | | |

    Mobile #: | | | | || | | | | | | | | **E-Mail:**_____

11. **Total number of employees between 16 and pensionable age:**   Male ___   Female ___

12. **Total number of employees under 16 and over pensionable age:**   Male ___   Female ___

13. **Start date of business:**   ____ / ____ / _____
    Day   Month   Year

14. **Date on which employment commenced:**   ____ / ____ / _____
    Day   Month   Year

15. **Financial institution:** _____   16. **Account #:**_____

17. **Account Type:** _____   18. **Account Holder:**_____

Form R.3   Revised February 2023

Please provide the following accompanying documentation where applicable:

For Sole Trader with Registered Business Name:

Certificate of valid Registration

Copy of valid National ID or Passport of Owner

For Partnership:

Partnership Agreement

Copy of valid National ID or Passport of Partner(s)

For Company:

Copy of valid National ID or Passport of Director/Owner

Certificate of Incorporation
Articles of Incorporation

~ Notice of Directors
~ Notice of Appointment of Secretary
~ Notice of Address

Any other relevant documentation

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

Declaration

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

PRINT Name: _____

Position: _____

Signature: _____

Date: ____ / ____ / _____
     Day   Month   Year

FOR OFFICIAL USE ONLY

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

Date entered: ____ / ____ / _____
             Day   Month   Year

Received by: ____ / ____ / _____
            Day   Month   Year

OR

E-submit Registration Submitted?   Yes [   ]   No   [   ]   ____ / ____ / _____
                                                              Day   Month   Year

Entered By: _____   ____ / ____ / _____
                                                Day   Month   Year

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

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