

Kindly select an income/wage category by ticking the appropriate column in the table below

NB: The wage category selected must be used for at least six (6) months

Please note this form is valid up to December 2025, as the contribution rate will be adjusted from January 1, 2026.

Income Categories

Category	Weekly Income EC\$	Weekly Contribution (12.50%)	Tick Selection	Monthly Income	Monthly Contribution (12.50%)	Tick Selection
A	1,200.00	150.00	<input type="checkbox"/>	5,200.00	650.00	<input type="checkbox"/>
B	1,100.00	137.50	<input type="checkbox"/>	4,767.00	595.90	<input type="checkbox"/>
C	1,000.00	125.00	<input type="checkbox"/>	4,333.00	541.65	<input type="checkbox"/>
D	840.00	105.00	<input type="checkbox"/>	3,640.00	455.00	<input type="checkbox"/>
E	720.00	90.00	<input type="checkbox"/>	3,120.00	390.00	<input type="checkbox"/>
F	600.00	75.00	<input type="checkbox"/>	2,600.00	325.00	<input type="checkbox"/>
G	480.00	60.00	<input type="checkbox"/>	2,080.00	260.00	<input type="checkbox"/>
H	360.00	45.00	<input type="checkbox"/>	1,560.00	195.00	<input type="checkbox"/>
I	240.00	30.00	<input type="checkbox"/>	1,040.00	130.00	<input type="checkbox"/>
J	120.00	15.00	<input type="checkbox"/>	520.00	65.00	<input type="checkbox"/>

Declaration:

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

.....
Signature of Self-employed ____/____/____
Day Month Year

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

[] Previous Employer [] Media (TV/Radio/News Paper/Internet advertisements) [] NIS Programmes [] Friend/Relatives

FOR OFFICIAL USE ONLY

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

..... Date received: ____/____/____
Received by Day Month Year

..... Date entered: ____/____/____
Entered by Day Month Year

Supporting Documents

National ID Passport Other:
 Marriage Certificate Deed Poll
 Birth Certificate Affidavit

All Correspondence Should Be Addressed to The Director