

NATIONAL INSURANCE ACT

EMPLOYER/*BUSINESS REGISTRATION FORM

(Employers please answer all questions. *Businesses please answer Q 1-14 only)

1. Business Name [grid]

2. Proprietor/Managing Director [grid] Surname First Name

3. Business Address [grid] Street No. Street/District.

4. Parish [grid]

5. Telephone [grid]

6. Mailing Address [grid] Street No. Street/District.

[grid] Parish

7. Nature of Business _____

8. Location of Records _____

9. Collectorate of Payment _____

10. Number of Directors _____

11. Names of Directors _____ (Please add information on separate sheet of paper if necessary)

12. Number of Branches in Business Establishment _____

13. Date Liability Commenced (Date must be written as ddmmyy) [grid]

14. Number of Employees in Business Establishment _____

I certify that the information given is correct [grid] Surname

[grid] First Name

_____ Position In Firm

Signature Date

FOR OFFICE USE ONLY
Collection Code
Industry Code
Parish Code
Ref No.
Checked by Date

**INSTRUCTIONS FOR COMPLETING THE NATIONAL INSURANCE
EMPLOYER/BUSINESS REGISTRATION FORM**

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If there are any questions about how to complete this form, please call the nearest Ministry of Labour and Social Security office at the number listed in the telephone directory.

After your completed application is submitted, the local office will inform you of your employer/business registration number.

USE BLOCK LETTERS ONLY

1. Please enter the full name of the firm, company or business as used for official purpose.
2. Please enter the full name of the proprietor or managing director as used for official purpose.
3. Enter the street/district address of your business.
4. Enter parish where your business is located.
5. Enter your telephone contact number.
6. Enter your mailing address, if different from business address.
7. Indicate the nature of the business that is operated.
8. Indicate the location of the place where the records for the business be kept.
9. Enter the collectorate office where payments will be made.
10. Enter the total number of Directors in the Establishment.
11. Enter all the names of the Directors in the Establishment. You may attach a separate sheet of paper with the names.
12. Enter number of branches in establishment.
13. Enter the date from which the employer becomes liable to contribute N. I. S. i.e. date from which employee/s was/were employed.
14. Enter the total number of employees in the establishment.

**NB THE PERSONS WHO COMPLETE THIS FORM MUST GIVE THEIR FULL NAME
IN THE BLOCKS PROVIDED AND THEIR POSITION IN THE FIRM**

- * Business refers to establishment without employees.
- * Certify that the information given is correct.
- * Do not write in the area marked 'FOR OFFICE USE ONLY'