

MINISTRY OF LABOUR AND SOCIAL SECURITY

FORM R2

APPLICATION FOR NATIONAL INSURANCE NUMBER

FOR D.P. USE ONLY				
National Insurance Number				
Parish	YOB	Sex	SI	No

This Form is to be completed using BLOCK LETTERS.

Bring supporting documents* to verify

- (i) Birth Date
- (ii) Marriage Date
- (iii) Spouse's Date of Birth

All dates must be entered in the format year, month, day (YYYYMMDD) e.g. Date of Birth:- 1969/12/25

1. Applicant's Name

Do NOT write in the boxes immediately below shaded area.

Surname										First Name										Middle Name									

Maiden/Other Name (if any)																			

TRN Number									

2. Sex (Tick (√) the appropriate box)

3. Date of Birth

Male

Female

Y	M	D

FOR OFFICIAL USE ONLY	
* Verified by:	
Passport No.	_____
Birth Cert.	_____
Baptismal Cert.	_____
School Record	_____

4. Address of Applicant

Lot/ Apartment Number									

Street Name/District																			

Post Office/Postal Agency															Code				

Parish Name															Code				

5. Country of Birth

Name of Country															Code				

6. Nationality

Nationality															Code				

7. Applicant's Occupation

Occupation															Code				

8. Are you self employed?

Y/N

9. Marital Status (Tick (√) one (1) of the boxes below)

Single	Common-law	Married	Divorced	Widowed	Separated	Code

10. Have you ever registered under NIS?

If 'yes' give NIS NUMBER

NIS NUMBER									

*Birth Certificate, Baptismal Certificate, Passport Number.

(THIS SECTION IS TO BE COMPLETED BY PERSONS WHO ARE MARRIED)

11. Spouse's Name

Surname										First Name										Maiden Name									

12. Spouse's Date of Birth

Y	M	D

FOR OFFICIAL USE ONLY	
* Verified by:	
Passport No.	_____
Birth Cert.	_____
Baptismal Cert.	_____
School Record	_____

13. Date of Marriage

Y	M	D

FOR DP USE ONLY	
* Verified by:	
Marriage Cert.	_____
Others (Specify)	_____

(THIS SECTION IS TO BE COMPLETED BY ALL APPLICANTS)

14. Parish of Birth

Parish Name	Code

15. Name of Mother/Guardian

Surname										First Name										Maiden Name									

16. Name of Father/Guardian

Surname										First Name									

(THIS SECTION IS TO BE COMPLETED IN RESPECT OF THE EMPLOYER)

17. Employer's Reference No.

Ref. number

18. Name of Employer

Name/Company Name

19. Business Address of Employer

Lot / Apartment Number

Street Name/District

Post Office/Postal Agency	Code

Parish Name	Code

20. I hereby certify that the aforesaid statements are true to the best of my knowledge and belief.

.....
Signature or Mark (X)

.....
Date

.....
Signature of Witness/J.P.

.....
Date