

NATIONAL INSURANCE ACT, 1986

APPLICATION FOR REGISTRATION OF AN EMPLOYER

(TO BE COMPLETED BY THE EMPLOYER)

1. Employer's Name in full:		FOR OFFICIAL
2. Business/Trading name		COMPLIANCE DISTRICT
3. Type of business: Sole Trader [] * Partnership []] * Company [] Other []	DISTRICT
4. Postal address in full		REGION
5. Nature of Business		
Location:		NATURE OF BUSINESS
6. Is your business carried on in one location? Yes [[] No []	
7. If the answer to (6) is "NO" please state here the vario		
8. Telephone #: _ _ Fax #: _	_ _ E-Mail:	
Mobile #:		
9. Total number of employees between 16 and 60 year	rs of age: Male [] Female []	
10. Total number of employees under 16 and over 60 y	years of age Male [] Female []
11. Date on which operation commenced	_ _ D M Y	
12. Expected total monthly/weekly salaries or wages:		
13. Please note that in accordance with SR&O no. 21 of 1 book or similar record giving details of insurable earn address of all employees.		
The Executive Director National Insurance Services I declare that the information given above is true and correct at National Insurance Services Act of St. Vincent and the Grenad		oyer under the
Date:	Signature:	
	Name:	

* Please supply Articles and Certificate of Incorporation / Partnership Agreement / Certificate of Name Registration where applicable

FOR OFFICIAL USE (INSTRUCTIONS, NOTES ETC.)

Employer Registration No.	
Particulars entered in computer :	[] Date
Remittance form issued : <u>OR</u>	[] Date
E-Submit Registration Submitted :	[] Date
Action taken by:(Registration Officers')	Signature)
Date	
Signature of Compliance Officer/Supervisor	 Date
 Verified by	 Date