## THE NATIONAL INSURANCE BOARD TERMINATION CERTIFICATE

## **INSTRUCTIONS:**

- 1. Please complete in duplicate.
- 2. This certificate must be completed for employment periods in the current financial year only (1st July to 30th June.)

3. Issue original to the employee and submit the copy to the National Insurance Service Centre within thirty (30) days of termination of employment. Failure to do so can result in a fine and imprisonment upon summary conviction.
PARTICULARS OF EMPLOYER:
Name:
Address:
Reg. No:
I certify at Mr./Miss/Mrs.
whose National Insurance Number is was employed in the above-named company
for National Insurance weeks during the period                 to
Total wages paid during this period was \$ COMPANY STAMP
Total value of contributions deducted from these wages was \$
Total value of contributions paid to the NIB for this period was \$
I declare that the foregoing information is true and correct.
Name: SURNAME OTHER NAME(S)
Position:
Signature: DATE:
Marriage It is an offense punishable by law to give folce information

**Warning:** It is an offence punishable by law to give false information.