NI 1

THE NATIONAL INSURANCE BOARD
THE NATIONAL INSURANCE REGISTRATION REGULATIONS
APPLICATION TO REGISTER AS AN EMPLOYER

Please Read these Instructions Carefully before Completing.

1. Please type or complete in Block Letters and submit to the nearest National Insurance Service Centre.
2. The Form must be signed by the Managing Director/Partner/Owner/Company Secretary.

(FOR OFFICIAL USE)

EMPLOYER REGISTRATION NO:

SERVICE CENTRE CODE:

1. NAME OF BUSINESS OR COMPANY

2. ADDRESS OF BUSINESS OR COMPANY (State exact address e.g. Mile Mark, Light Pole Number)

(STREET)

(CITY/DISTRICT/COUNTRY)

TELEPHONE NUMBERS:

FAX NUMBER:

3. MAILING ADDRESS OF BUSINESS OR COMPANY

(STREET)

(CITY/DISTRICT/COUNTRY)

e-MAIL ADDRESS OF BUSINESS OR COMPANY

4. COMPANY BOARD OF INLAND REVENUE NUMBER

5. COMPANY REGISTRATION NUMBER:

6. COMPANY DATE OF REGISTRATION

YYYY MM DD

7. NAME AND HOME ADDRESS OF OWNER/PARTNERS/DIRECTORS
(Use separate sheet for additional Owners/partners/directors)

WARNING! THE BOARD MUST BE NOTIFIED PROMPTLY OF ANY CHANGES

NAME AND POSITION HELD	HOME ADDRESS	TELEPHONE NUMBER	DATE OF OWNERSHIP/ DIRECTORSHIP/ PARTNERSHIP YYYY	MM	DD	SALARIED? YES	NO

8. ADDRESS OF REGISTERED OFFICE (Where Applicable) _____

9. NATURE OF BUSINESS (Type of Industry) _____

10. NUMBER OF:

a) EMPLOYED PERSONS					
b) PAID APPRENTICE					
c) UNPAID APPRENTICE					
d) TOTAL					

11. DATE FIRST EMPLOYEE WAS HIRED:

YYYY MM DD

NOTE: AN UNPAID APPRENTICE IS ANYONE IN TRAINING FOR WHICH REMUNERATION OF LESS THAN $120.00 PER WEEK IS EARNED.

12. STATE ADDRESS WHERE PAY RECORDS ARE KEPT:

(STREET)

(CITY/DISTRICT/COUNTRY)

13. STATE ADDRESS WHERE PERSONNEL RECORDS ARE KEPT:

(STREET)

(CITY/DISTRICT/COUNTRY)

14. DO YOU HAVE BRANCHES OF THIS BUSINESS IN OTHER LOCATIONS? YES ☐ NO ☐

If "YES", please list the name and address of each branch and the location where its pay and personnel records are kept.

NAME	ADDRESS	LOCATION OF RECORDS	FOR OFFICIAL USE

15.

CERTIFICATE OF DECLARANT

I/We solemnly and sincerely declare that the information given is correct. I/We make this declaration conscientiously believing same to be true and I am/We are aware that if there is any statement in this declaration which is false in fact or which I/We know or believe to be false or do not believe to be true, I am/We are liable on summary conviction to a fine of three thousand dollars ($3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

COMPANY STAMP

AUTHORISED SIGNATURE

NAME IN BLOCK LETTERS

DATE: YYYY MM DD

OFFICE HELD BY SIGNATORY