## THE NATIONAL INSURANCE BOARD THE NATIONAL INSURANCE REGISTRATION REGULATIONS APPLICATION TO REGISTER AS AN EMPLOYED PERSON

(Other than Self-employed) OR Apprentice)

Date of Birth:

Relationship:

2/NI4
11.Father's Name:
Surname: First Name:
12.Mother's Maiden Name:
13. Valid Identification Document (one Only): 13b. Expiry Date:
Electoral Identification Card Passport Driver's Permit YYYY MM DD
ID Number:
14. Marital Status: Single Married Separated
Widowed Divorced Common Law
15.If Marital Status is Common Law, please give particulars of Common Law Spouse:
Name of Common Law Spouse:
Surname: First Name:
16. Business Name of Employer:
17. Address of Employer:
STREET
CITY/DISTRICT/COUNTY
18. Occupation: 19. Pay Frequency: Weekly Amount \$
Fortnightly
20. First Date of Employment:
21. Have you been previously registered? Yes No If "Yes", state N.I. Number:
22. Are you currently employed elsewhere? Yes No
If "Yes", state Business Name and Address of Other Employer:
Business Name of Employer:
Address of Employer:
STREET
CITY/DISTRICT/COUNTY
CERTIFICATE OF DECLARANT
I solemnly and sincerely declare that I am the applicant named herein and that the particulars set out in this application are true. I make this declaration conscientiously believing same to be true and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable to legal process.
Declared this day of 19 19
Signature or Mark of Declarant Signature or Witness to Mark
Was information verified by Employer? Yes No
COMPANY STAMP
EMPLOYER'S SIGNATURE DESIGNATION