

**NATIONAL INSURANCE - GUYANA  
EMPLOYED PERSON'S APPLICATION FOR REGISTRATION**

**Employee's work number \*(if any)** .....

(Here may be entered any works or similar number used by the employer to identify the employed person in his wage records).

FOR OFFICIAL USE ONLY									
INSURANCE NUMBER									

**PARTICULARS OF APPLICANT  
(USE BLOCK LETTERS)**

Surname: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IF A MARRIED WOMAN, GIVE MAIDEN NAME 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other names in full 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Also known as 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Occupation: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Address:**  
Lot: 

--	--	--	--	--	--	--	--	--	--

 Street: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ward/Village: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 County: 

--	--	--	--	--	--	--	--	--	--

E-Mail Address 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother's name and surname 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Mother's Maiden Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place of Birth of Employed Person 

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**Sex of Employed Person**

Male		Female	
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**Date of Birth of Employed Person**

DAY	MTH	YEAR

**Marital Status of Employed Person**

Married	Single	Divorced	Separate
Widow	Widower	Common Law	other

National Registration Identity Number .....

Address at time you registered for National Registration: Lot ..... Street .....  
\*Ward ..... County .....  
Village

**PARTICULARS OF CHILDREN UNDER 18 YEARS OF AGE**

N.I.S. No. (If applicable)	NAME	DATE OF BIRTH	AGE	SEX

If married give full name of husband/wife. ....

For a married man state wife's maiden name .....

If unmarried but living together (SURNAME) (OTHER NAMES)

give full name of reputed husband/wife (SURNAME) (OTHER NAMES)

Signature of Employed Person .....Date .....

(If applicant cannot write he/she should place his/her thumbprint and the employer should insert the applicant's name in capitals, state which thumb was used and sign as a witness to the print).

Thumb Print: \*Left/Right  
Witness (Employer):

\*I certify that I have seen/not seen the employed person's National Registration Identity card and the number above is correct. I also witnessed the thumbprint of the employed person.

**EMPLOYER INFORMATION**

Mr./Mrs/Ms:

Date Commenced working with me:

NATURE OR TYPE OF BUSINESS:

Registration Number of Employer

NAME OF EMPLOYER:

FULL BUSINESS ADDRESS:

E-Mail Address of Employer:

Signature of Employer or his Representative .....

TELEPHONE NUMBER:

DATE:

\*Delete where inapplicable

**FOR OFFICIAL USE ONLY**

INSURABILITY CONFIRMED	Initials .....	Date .....
INSURANCE NUMBER ALLOTTED AND ENTERED AT HEAD OF FORM AND ON FORM R5	Initials .....	Date .....
<input type="text"/>		
CHECKED .....	Initials .....	Date .....
KEYED.....	Initials .....	Date .....
VERIFIED.....	Initials .....	Date .....