

# NATIONAL INSURANCE • GUYANA

## List of Employed Persons for Registration

(to be completed in triplicate, two copies for the National Insurance Office and one to be retained by the employer:)

.....(Name of Employer)  
 .....(Address)  
 .....(Telephone Number)

Registration Number  
of employer

Nature of Business.....

Reference.....

The following is a list of employed persons as at.....20..... for whom Forms R4 have been completed and now submitted by the abovenamed employer.

Signature of Employer or Representative..... Date.....

Employee's Works No. (if any)*	Name of employed person in full		Insurance Number allotted by National Insurance	Employee's Works No. (if any)*	Name of employed person in full		Insurance Number allotted by National Insurance
	Surname	Other Names			Surname	Other Names	

**R.5.** \* Here may be entered the works number or similar number used by the employer to identify the employed person in his/her wage records