

NATIONAL INSURANCE SCHEME

APPLICATION FOR COMPLIANCE CERTIFICATE
(EMPLOYERS)

General Manager
National Insurance Scheme
Brickdam and Winter Place

PARTICULARS OF EMPLOYER

Name of Employer:.....

Address:.....

Registration No:..... Date of Registration:.....

NIS # of Employer:..... Date Business Commenced:.....

Nature of Business:.....

Number of Employees at Date of Application:.....

Reason for Application:.....

.....

Have you received any contract (s) within the last 12 months? Yes No

If yes, (a) Value of contract

(b) Date contract was received

(c) Nature of contract (d) Site.....

What System is used to Pay Contributions?.....

Period of last payment:.....

Receipt Number(s):.....

Is Register of Employees updated? Yes No

Is there an Accident Register on the Premises? Yes No

Is there a Wages Record on the Premises? Yes No

.....
SIGNATURE OF APPLICANT

.....
DATE

TITLE:.....

FOR OFFICIAL USE

Is Employer Indebted to NIS? Yes No

If Yes, Amount Owing: \$..... Period of Indebtedness:.....

Has an Agreement been sanctioned by National Insurance Board? Yes No

If sanctioned, are Terms being met? Yes No

How much has been paid since Commencement of issue? \$.....

Are all Employees Registered? Yes No

If No, what arrangements have been made to obtain their Social Security Numbers?:.....

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This is to certify that I,.....

examined the records of this employer, and I am recommending/not recommending the issuance of Compliance Certificate based on information/evidence produced by this employer.

REMARKS:.....

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CHIEF INSPECTOR/OFFICE MANAGER

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DATE