

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

FOR OFFICIAL USE ONLY

Ins. No.

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

Surname in full:

(IF A MARRIED WOMAN, GIVE MAIDEN NAME)

Other names in full:

Occupation:

Date of Commencement of Business:.....

Business Address: Lot Street Ward/Village.....

City County

Home Address:

Telephone No:

Mother's Name and Surname:

Mother's Maiden Name:

Mother's Birth Register Number; where available:

Date of Birth of Applicant

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dd
mm
yyyy

Sex: Male Female

Place of Birth of Applicant:.....

Country:

No. of children under 18 and their ages						
NO.	1	2	3	4	5	6
AGE						

Mark with X as appropriate

Marital status of applicant	Married		Single	
	Widow		Widower	
	Divorced		Separated	

If married, state spouse's age

If previously employed, state name of last Employer

Address of last Employer

Date employment ceased

N.I.S. No.

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National Identification Number

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Taxpayer Identification Number:

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

For a married man state wife's maiden name

If unmarried but living together
give full name of reputed husband/wife

Are you a Resident of Guyana? Yes No

Please state dates of last three entries into and exits from Guyana.

Entries	Exits

Signature/Mark of Applicant

Witness to mark:

Signature Date

Address

TO BE COMPLETED BY INSPECTOR

IAN INSPECTOR APPOINTED UNDER SECTION 31 OF THE NATIONAL INSURANCE AND SOCIAL SECURITY ACT, CHAPTER 36:01 OF THE LAWS OF GUYANA, HEREBY CERTIFY THAT PURSUANT TO MY POWERS UNDER THE SAID ACT, DULY INVESTIGATE AND CONFIRM THAT MR./MRS./MS. AS FURTHER DESCRIBED IN PARTICULARS OVER LEAF, IS A BONA FIDE SELF EMPLOYED PERSON AND REQUEST THAT HIS/HER REGISTRATION TAKES EFFECT FROM, 20.....

DISTRICT:

.....
SIGNATURE OF INSPECTOR

.....
DATE

TO BE COMPLETED BY SENIOR INSPECTOR (FOR GEORGETOWN LOCAL OFFICE ONLY)

I, SENIOR INSPECTOR OF THE NATIONAL INSURANCE SCHEME HEREBY DECLARE THAT I AM SATISFIED WITH THE FINDINGS OF INSPECTOR AND WISH TO RECOMMEND FURTHER PROCESSING OF THE APPLICATION.

.....
SIGNATURE OF SENIOR INSPECTOR

.....
DATE

TO THE RECORDS OFFICER

TO BE COMPLETED BY THE CHIEF INSPECTOR/OFFICE MANAGER /LOCAL/SUB-OFFICE SUPERVISOR

I CHIEF INSPECTOR/OFFICE MANAGER/ LOCAL/SUB-OFFICE SUPERVISOR OF THE NATIONAL INSURANCE SCHEME, DO HEREBY DECLARE THAT I AM SATISFIED WITH THE FINDINGS OF INSPECTOR AND WISH TO AFFIRM HIS/HER RECOMMENDATION FOR FURTHER PROCESSING OF THIS APPLICATION FOR REGISTRATION AS A SELF EMPLOYED PERSON.

.....
SIGNATURE

.....
DATE

FOR OFFICIAL USE ONLY

INSURABILITY CONFIRMED

Initials Date

**INSURANCE NUMBER ALLOTTED
AND ENTERED AT HEAD OF FORM
AND ON FORM R5**

Initials Date

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CHECKED

Initials Date