

Income Category Selected: _____

INCOME CATEGORIES

Category	Monthly Income US\$	Quarterly Income US\$	Quarterly Contribution US\$(6.84%)	Monthly Income EC\$	Quarterly Income EC\$	Monthly Contribution EC\$	Tick Selection
A	1,392.00	4,176.00	285.64	3,716.64	539.66	254.21	
B	960.00	2,880.00	196.99	2,563.20	372.18	175.32	
C	768.00	2,304.00	157.59	2,050.56	297.74	140.25	
D	576.00	1,728.00	118.20	1,537.92	223.31	105.19	
E	385.00	1,155.00	79.00	1,027.95	149.26	70.31	
Special	150.00	450.00	30.78	400.50	58.15	27.39	

Conversion Rate US\$1= EC\$2.67

Traveler's Cheques: Bank Charge at EC\$0.20 per Cheque & Transaction at EC\$2.00

NB:

1. *Persons between the age of 50 and 55 years, who are contributing for the first time, should select Category D or below and must make retroactive payments.*
2. *A retroactive payment period from the year 1997 to present is allowed.*
3. *Contributors should not miss payments for more than two consecutive quarters.*

I declare that the information given above is true and correct to the best of my knowledge and belief, and I hereby make application for registration under the National Insurance Act No. 33/1986.

.....
Signature of Applicant Date

.....
In case of Mark Date
Signature of Witness

Any person who knowingly makes false statements or false representation to the National Insurance Services commits a criminal offence which is punishable by a fine or imprisonment or both.

Please indicate how you were informed about the National Insurance Services:

Employer Media(TV/Radio/Newspaper/Internet) NIS Programmes Friend/Relative

FOR OFFICIAL USE ONLY

I.....Certify that
(Name of Registering Officer) (Name of Applicant)

Has been duly been approved by the National Insurance Board to be a Voluntary Contributor to the St. Vincent and the Grenadines National Insurance Services from.....

He/she will be required to pay contribution at the rate of \$..... quarterly.

.....
Signature of Registering Officer Date

.....
Authorized Officer's Signature Date

.....
Designation

All Correspondence Should Be Addressed To The Executive Director

P.O.BOX 305, ADMINISTRATIVE CENTER, KINGSTOWN, ST. VINCENT AND THE GRENADINES, WEST INDIES
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