



**National Insurance Services
Application for Approval to Submit
Electronic Contributions**

Employer's Registration No _____

Employer's Name: _____

Business Address: _____

Email Address: _____

Name of Responsible Officer: _____

Position: _____ Phone: _____ Fax: _____

No of Employees: Monthly _____ Weekly _____ Fortnightly _____ Total _____

How would you generate the electronic file?

eSubmit Software _____ Payroll Package _____ Other _____

Employer's Signature: _____ Date: _____

Please affix Stamp

For Official Use Only

Status of Application: Approved _____ Rejected _____

Reason for rejection: _____

Approved By: _____ Date: _____

Installed By: _____ Date: _____