

To Be Completed by The Employer

Employer's Registration Number: |_|_|_|_|_|_|_|_|

Employer's Business Name: _____

Employer's Address: _____

Date of Employment: ____/____/____
Day Month Year

Declaration:

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 Services.

Signature (or mark)

Of Applicant _____

Signature of Employer _____

Date ____/____/____
Day Month Year

Date ____/____/____
Day Month Year

In case of Mark

Signature of Witness _____

Date ____/____/____
Day Month Year

Any person who knowingly makes any false statement or false representation or who produces or furnishes or causes or knowingly allows to be produced or furnished any document or information which he/she knows to be false commits a criminal offence which is punishable by fine or imprisonment or both.

For Official Use Only

1. Verification Document:

Passport no. |_|_|_|_|_|_|_|_|

Marriage Cert. |_|_|_|_|_|_|_|_|

Birth Cert. Page no. _____ Year _____

BC no. |_|_|_|_|_|_|_|_|

Initials _____ Date ____/____/____
Day Month Year

Previous Registration: Yes [] No []

NI Number

|_|_|_|_|_|_|_|

Form Type: R1 [] R1B []

NI Card Issued? Yes [] No []

Initials _____ Date ____/____/____
Day Month Year

Verified By _____ Date ____/____/____
Day Month Year