

NATIONAL INSURANCE CORPORATION

APPLICATION FOR REGISTRATION

FORM R3
(Reg 3 (2))

PARTICULARS OF APPLICATION

(USE BLOCK LETTERS)

FOR OFFICIAL USE ONLY				
NAT. INS. NO. ALLOTTED				

DO NOT COMPLETE THIS FORM
IF YOU HAVE COMPLETED ONE BEFORE.

Name.....
Surname
Other names

Also known as (alias) (If married given maiden name)

Date of Birth (Day) (Month) (Year)

Place of Birth Nationality National Reg. No.

Passport No. Place of Issue Date of Issue

Address

District Occupation

Purpose of Registration Tel.#:

Mark with X as Appropriate

Sex of Applicant	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Marital Status of Applicant

Married	Single	<input type="checkbox"/>
Widow	Widower	<input type="checkbox"/>
Divorced	Separated	<input type="checkbox"/>

Spouse Name

Date of Marriage

Signature of Applicant Date

(Witnessed by an Employee of the NIC)

Signature of Witness Date

FOR OFFICIAL USE ONLY		
Other Verification	Passport	<input type="checkbox"/>
	Birth Certificate	<input type="checkbox"/>
Initial		
Date		

THIS SECTION MUST BE COMPLETED BY EMPLOYER

Name of Employer

Registration Number of Employer

Address of Employer

Nature of Business Sector.....

Date of Commencement of Employment

Signature of Employer or His Representative Date

Notes

1. Return this Form as soon as it is completed with Birth Certificate or Passport.
2. No. Employee should be Employed without a National Insurance Card.

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Entered Date.....	Intl.
Verified Date.....	Intl.