



APPLICATION FOR REGISTRATION OR UPDATE OF REGISTRATION INFORMATION

Request for new registration number

Update of existing registration information

When applying for new registration or update of existing registration, please present documentation that verifies your date of birth, specifically either:

- i. Birth Certificate;
- ii. Passport; or
- iii. Affidavit.

1. National Insurance No.

2. Name (print legibly and be very careful to write your name exactly as you wish it to be registered):

Surname (family name)	First Name	Middle Name(s)

3. Other legal name or maiden name: _____

4. Name Previously registered as *(complete only if you are changing your previously registered name)*:

Surname (family name)	First Name	Middle Name(s)

5. Legal Authority *(If you are changing your name, indicate the document you have to support name change)*:

Certified Affidavit Deed Poll Marriage Certificate Divorce Papers

6. Date of Birth: _____

Day	Month	Year
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7. Place of Birth: _____

City/Settlement	Island/State	Country
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8. Nationality: _____ 9. Gender: Male Female

10. Address: _____

House No.	Street	City/Settlement	Island/State	Country
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11. P. O. Box _____ 12. Phone: _____

13. E-Mail: _____

14. Father's Name *(complete even if deceased)*:

Surname (family name)	First Name	Middle Name(s)

15. Mother's Name *(complete even if deceased)*:

Surname (family name)	First Name	Middle Name(s)

16. Marital Status: Single Married Separated Divorced Widowed

17. If married, Spouse's Name: _____
Surname (or wife's maiden name) First Name Middle Name(s)

Spouse's date of birth: _____
Day Month Year

Date of marriage: _____ Spouse's N. I. No:

18. Number of Dependent Children (under age 19 years): In Household _____ Others _____

19. Education level completed:

No Schooling Primary School Jr. High (to 9th grade) Sr. High (to 12th grade)
 Assoc. Degree First Degree Post Graduate Professional (e.g., law, acct, etc)

20. Occupation: _____

Employer (name, or name of business, or name of voluntarily insured): _____

Date employment started: _____ Employer No.

How paid: weekly every two weeks twice per month monthly

Salary (including basic pay and formally paid gratuities):

Weekly: <\$100 \$100-<\$225 \$225-<\$350 \$350-<\$475 \$475-<\$600 \$600 >
 Monthly: <\$433 \$433-<\$975 \$975-<\$1,516 \$1,516-<\$2,058 \$2,058-<\$2600 \$2,600 >

21. Employment Type:

Private Government Corporation Civil Servant eligible for Gov't pension Civil Servant not eligible for Gov't pension Self-Employed Voluntarily Insured

22. Signature or Mark _____ Date: _____

Witness to Mark _____ Date: _____

For official use only		Serial No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																	
22. Add/Change/Delete _____	23. Date of Registration _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center; padding: 2px;">For Headquarters Use Only</th> </tr> <tr> <th style="text-align: center; padding: 2px;">Record No.</th> <th style="text-align: center; padding: 2px;">Action</th> <th style="text-align: center; padding: 2px;">Date</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </tbody> </table> <p style="margin-top: 5px; padding: 2px;">Registration completed on computer Date: _____ Initials: _____</p>	For Headquarters Use Only			Record No.	Action	Date																											
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24. Local Office Code ___/___/___	25. Island Code ___/___/___																																		
26. Nationality Code ___/___/___	27. Country of Birth ___/___/___																																		
28. Island of Birth ___/___/___	29. Type of Registrant A _____ I _____																																		
30. Type of Contributor _____	31. Weekly/Monthly Indicator _____																																		
32. Salary Code ___/___/___	33. Occupational Code ___/___/___/___																																		
34. Educational Level _____	35. Date of Registrant's Death _____																																		
36. Marital Status _____	_____ Day Month Year																																		