



**COMMONWEALTH OF THE BAHAMAS  
NATIONAL INSURANCE ACT Chapter 350  
REGISTRATION FORM**

**EMPLOYER - SELF-EMPLOYED & VOLUNTARILY INSURED PERSONS**

NOTE: Branches with individual payrolls are required to register as a separate Employer, in this way, queries for employees can be settled directly with contact person.

*PLEASE PRINT OR TYPE (instructions on back)*

1. REQUEST FOR NEW REGISTRATION NUMBER [  ] OR UPDATE OF EXISTING INFORMATION [  ]
  
2. REGISTRATION NUMBER 

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(Complete only if known)
  
- 3a. BUSINESS NAME: \_\_\_\_\_
  
- 3b. TRADING NAME OF BUSINESS: \_\_\_\_\_
  
- 4a. NAME IF SELF-EMPLOYED: \_\_\_\_\_  

LastFirstMiddle
  
- 4b. INDIVIDUALS NATIONAL INSURANCE NUMBER: 

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5. TYPE OF BUSINESS: \_\_\_\_\_
  
6. BUSINESS LICENSE NUMBER: (Please attach a copy) \_\_\_\_\_
  
7. IS BUSINESS A 'LIMITED' COMPANY? Yes [  ] No [  ]
  
8. STREET ADDRESS: \_\_\_\_\_
9. P. O. Box: \_\_\_\_\_
  
10. CITY/SETTLEMENT: \_\_\_\_\_
11. ISLAND: \_\_\_\_\_
  
12. TELEPHONE NUMBER{S}: \_\_\_\_\_
13. E-mail Address: \_\_\_\_\_
  
14. Do you have a computerized payroll system? Yes [  ] No [  ]
  
15. START DATE OF BUSINESS: \_\_\_\_\_  

DayMonthYear
  
16. NUMBER OF PERSONS TO BE INSURED? \_\_\_\_\_
  
17. CONTACT PERSON: \_\_\_\_\_
18. POSITION HELD: \_\_\_\_\_
  
19. Signature & Stamp of Employer, or Representative,  
Self-Employed person, or Voluntarily Insured person. \_\_\_\_\_
  
20. DATE FORM COMPLETED: \_\_\_\_\_  

DayMonthYear

# INSTRUCTIONS FOR COMPLETING FORM R.1 REVISED 09/03

1. Form R.1 is to be either typed or filled in ink.
2. The Registration Number for the Company must be entered in Section 2. In the case, where the Registration number is unknown or applying for a new Registration number, the section is to be left blank and will be filled in by the Local Office.
3. When registering as a Business, the full Company's name is required in 3a. 3b is to be used for the Company's trading name. Section 4a & 4b is to be used only by Self / Voluntarily insured persons.
4. 'CONTACT PERSON' in Section 17, should be the individual who is directly responsible for the National Insurance Returns.
5. In Section 19, the signature of either the Owner or Manager is required along with the Company's Stamp. For Self / Voluntarily insured persons, the signature or stamp is also required.
6. If Business is a '**Limited**' Company, (Section 7), please provide a copy of Certificate of Incorporation.

## FOR OFFICIAL USE ONLY

SERIAL NUMBER

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ADD [    ]

CHANGE [    ]

DELETE [    ]

EMPLOYER TYPE:

LOCAL OFFICE CODE

ISLAND CODE:

R-1 CHECKED:  Date  Initial

FORM R-2 PREPARED:

FORM R-2 CHECKED:

FORM R-2 ISSUED TO EMPLOYER:

### FOR HEADQUARTERS USE ONLY

Record No.	Action	Date

Registration Completed On Computer

Date:

Initials: