



COMMONWEALTH OF THE BAHAMAS
THE NATIONAL INSURANCE ACT Chapter 350

REGISTRATION FORM

APPLICATION FOR REGISTRATION or UPDATE or REGISTRATION INFORMATION
This Form must be accompany with a Passport, Birth Certificate or Affidavit.

Request for new Registration number [] Update of existing information []

National Insurance Number _____

SURNAME (Family Name)	FIRST NAMES	MIDDLE NAME(S)
1. Name to be Registered as		
2. Other Legal or Maiden name		
3. Name previously registered as (complete only if you are changing your registered name)		
4. Father's Name (complete even if deceased)		
5. Mother's Name (complete even if deceased)		

6. Date of Birth: _____ <small>Day / Month / Year</small>	7. Gender: _____
8. Place of Birth: _____ <small>City/Settlement Island Country</small>	9. Nationality: _____

10. ADDRESS:

House # & Street: _____	City/Settlement: _____
Island/State: _____	Country: _____
Telephone Contact: _____	P. O. Box : _____

11. Marital Status: _____	
12. Spouse: _____ <small>Surname (or wife maiden name) First Middle</small>	N.I. Number: _____
Spouse Date of Birth: _____ <small>Day / Month / Year</small>	Date of Marriage: _____ <small>Day / Month / Year</small>
13. Number of Dependent Children (under 19 years) Household _____ Other _____	

14. Education: (Choose the appropriate level)

15. Occupation: _____

Employer's Name (or name of Business if self-employed or voluntarily insured):

Employer National Insurance Number: _____ Date Employment Started: _____

How are you paid? WEEKLY MONTHLY **SALARY** (basic pay only) _____

16. EMPLOYMENT TYPE: (Choose on from the pull down box)

I state that the information given on this form is true and correct to the best of my knowledge.

17. Signature or Mark: _____

Date: _____
day month year

Witness to Mark: _____

FOR OFFICIAL USE ONLY

Serial Number

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18. ADD [] CHANGE [] DELETE []

19. Date of Registration [] [] [] [] [] [] [] []

20. Local Office Code [] [] [] [] 21. Island Code [] [] []

22. Nationality Code [] [] [] [] 23. Country of Birth [] [] [] []

24. Island of Birth [] [] [] 25. Type of registrant A [] or I []

26. Type of Contributor [] 27. Weekly/Monthly Indicator []

28. Salary code [] [] [] 29. Occupational Code [] [] [] [] []

30. Educational Level [] 31. Marital Status []

32. Date of Registrant's Death: [] [] [] [] [] [] [] []

FOR HEADQUARTER USE ONLY

Record:	Action:	Date:

Registration Completed on Computer
 Date: _____ Initials: _____