



The National Insurance Board

Employer Request for Access to The Online C10 System

Name of Business: _____

Employer NI#: _____ Industry _____

(To be completed if business is sole proprietorship)

Self-Employed NI#: _____ S/E Name: _____

Business Address: _____

Descriptive Address: _____

P. O. Box: _____ City/Settlement: _____

Island.: _____ Business License #: _____

Phone 1: _____ Extn.: _____ Phone 2: _____

Fax Number: _____ Cell Phone: _____

Contact Person: _____ Position _____

Email Address: _____

Alt. Email Address: _____

Preferred Method of Communication with NIB: Email Fax Regular Mail

Terms of Access

1. Access to the National Insurance Board's website has been granted to the above referenced business for the sole purpose of entry and submission of online C10s.
2. All user-ids and passwords assigned are expected to be kept confidential by the indicated Contact Person. You are required to immediately advise N.I.B. of any change in Contact Person.
3. Submission of data through this service is accepted as having been officially presented to The National Insurance Board as a signed document.
4. The National Insurance Board reserves the right to terminate the assigned access at its sole discretion at any time.

I agree to the terms detailed above.

Signed: _____ Date: _____

Print Name: _____ Position: _____

To expedite processing, the completed application may be scanned and e-mailed to inspectorate@nib-bahamas.com. Please note that before access is granted, the original document must have been received at NIB's Inspectorate Department, P. O. Box N 7508, Nassau, Bahamas or it may be hand-delivered to your nearest NIB office.