



# The National Insurance Board

## Self-Employed Request for Access to The Online C10 System

Name: \_\_\_\_\_

Self-Employed NI#: \_\_\_\_\_ Type:  A  B

*(To be completed if self-employed employs others)*

Employer NI#: \_\_\_\_\_ Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home 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 individual 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](mailto: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.*