

National Insurance Corporation

FORM R1
(Reg. 3 (1))

FOR OFFICE USE ONLY	REGISTRATION NO.
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APPLICATION FOR REGISTRATION BY EMPLOYER

A. TO BE COMPLETED BY ALL EMPLOYERS

1. Name of Owner/Trustee:
2. Nat. Ins. Reg.# (Employer of Household help):.....
3. Trade of Business Name

(If different from 1 above)

(If Business is registered, a Copy of Certificate of Registration must be produced)

4. Name of Company:.....

*(A Copy of Certificate of Incorporation. Notice of Directors and
Notice of Registered Office must be produced)*

5. Postal Address:.....
6. Location of Business.....
7. Nature of Business.....

(Indicate major activity)

8. Number of Employees:
9. Business Telephone Number:
10. Business Fax Number.....
11. E-mail Address:.....
12. Previous Business Owned:.....
13. Name of Associated Companies.....
14. Location of Branches/Divisions:.....

B. TO BE COMPLETED FOR ALL EXTERNAL COMPANIES

1. Name of Head Office/Parent Company.....
2. Jurisdiction of Incorporation.....
3. Address of registered Office (a) Local
- (b) External.....

Name and Position of Applicant.....

(Please Print)

Signature of Applicant Date

** Where the application is made in respect of domestic employment the residence address should be given and the nature of business should be shown as "household".*