



Form COB 2
NATIONAL INSURANCE

Statement From Employer To Confirm Closure of Business

EMPLOYER'S NAME: REGISTRATION NO:.....
ADDRESS:..... TEL. #:
DATE:.....

The Director
National Insurance
Castries

Dear Sir/Madam

I/we hereby inform you that this Employer will cease/has ceased employment from

I/We have no intention of employing any person in the future.

Reasons for Closure

Yours sincerely

Director/Manager (Please Print Name)

Signature Date

FOR OFFICIAL USE ONLY

Local Concern Foreign Base Other

Wage Records Examined Yes No

Inspector's Comments

Inspector's Signature Date

Payment Status Arrears Yes No Form C3 Status Arrears Yes No

Action Taken File Closed

Done By Date

N.B. It is an offence under section 82 of the National Insurance Act to make any false statement or representation to the Corporation and such offence is punishable on summary conviction by a fine of \$5,000.00 or 6 months imprisonment or both.