



NATIONAL INSURANCE CORPORATION APPLICATION FOR COMPLIANCE CERTIFICATE

SECTION (1)

DATE: mm/dd/yyyy

NAME OF APPLICANT:

FOR INDIVIDUALS

STATUS: EMPLOYER EMPLOYEE SELF-EMPLOYED UNEMPLOYED

NIC #: OCCUPATION:

DO YOU RESIDE IN ST. LUCIA? YES NO

ADDRESS: TEL#:

PRESENT EMPLOYER:

LAST EMPLOYER:

HAVE YOU AT ANY TIME BEEN A DIRECTOR/PRINCIPAL OFFICER OF A BUSINESS?:

YES NO *(If yes, complete section (3) below).*

SECTION (2)

HAVE YOU AT ANY TIME EMPLOYED HOUSEHOLD HELP? YES NO

IF YES, REGISTRATION NUMBER/NAME AS AN EMPLOYER:

SECTION (3)

FOR BUSINESSES

NAME OF BUSINESS OR AUTHORITY:

(Only applicable if you operate under a business name or as a company)

REGISTRATION #: ADDRESS OF BUSINESS:

TEL#: POSITION HELD:

SECTION (4)

PURPOSE OF APPLICATION:

SIGNATURE:

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 \$5000.00 or 6 months imprisonment or both. Any certificate issued by virtue of this application shall be nullified and rendered void if any false or fraudulent statement or misrepresentation is made to the Corporation at the time of making this application.

FOR OFFICIAL USE

DATE RECEIVED: mm/dd/yyyy DATE ISSUED: mm/dd/yyyy RETURN DATE: mm/dd/yyyy

RECEIPT #: INTERVIEWED BY: