

**NATIONAL INSURANCE CORPORATION**  
**APPLICATION FOR COMPLIANCE CERTIFICATE**

DATE:.....

**SECTION (1)**

**NAME OF APPLICANT:** \_\_\_\_\_

**FOR INDIVIDUALS:**

STATUS: EMPLOYER  EMPLOYEE  SELF-EMPLOYED  UNEMPLOYED   
(Tick to indicate present employment status)

NATIONAL INSURANCE #: \_\_\_\_\_

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 \$5,000.00 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 : \_\_\_\_\_ Receipt No. \_\_\_\_\_  
Date Issued : \_\_\_\_\_ Interviewed by \_\_\_\_\_  
Return Date : \_\_\_\_\_