



NATIONAL INSURANCE CORPORATION

Statement from Employer to Confirm Cessation of Employment

EMPLOYER'S NAME:

REGISTRATION NO:.....

ADDRESS:.....

TEL. #:

DATE:.....

The Director
National Insurance
Castries

Dear Madam

I/we hereby inform you that there was/ will be a cessation of employment in my/our business from

[] I/We will resume/resumed employment by/on

Reasons for cessation

Yours sincerely

Director/Manager (Please Print Name) Employer Signature Date

FOR OFFICIAL USE ONLY

TO BE COMPLETED BY AN INSPECTOR

Wage Records Examined: YES [] NO []

If No, Please state method of verification:

RECOMMENDATION:

FILE SHOULD BE CLOSED []

FILE SHOULD BE DORMANT []

BASIS OF RECOMMENDATION:

INSPECTOR'S SIGNATURE DATE

TO BE COMPLETED BY COMPLIANCE CLERK

CODE ASSIGNED []

NAME

SIGNATURE

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.