

NATIONAL INSURANCE SCHEME
APPLICATION FOR COMPLIANCE CERTIFICATE
SELF-EMPLOYED PERSONS

NAME OF APPLICANT:

ADDRESS OF APPLICANT:

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DATE OF BIRTH:

N.I #:

DATE OF REGISTRATION:

OCCUPATION:

.....

ADDRESS OF BUSINESS:

.....

DATE BUSINESS COMMENCED:

PERIODS BUSINESS DID NOT OPERATE DURING THE LAST TWO (2) YEARS:

.....

REASON FOR APPLICATION:

.....

PERIOD OF LAST PAYMENT:

RECEIPT NUMBER(S):

.....
SIGNATURE OF APPLICANT

FOR OFFICIAL USE

This is to certify that I,, have examined the records of this self-employed person, and that I am satisfied/not satisfied with the information/evidence produced by this self-employed person.

REMARKS:

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CHIEF INSPECTOR/OFFICE MANAGER