

**NATIONAL INSURANCE - GUYANA**  
**Application for Registration as an Employer**  
(Under the N.I. & S.S. Act, 1969)

**For Official Use**

Employer's Registration No.

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Name of Employer in full:.....  
(This should be the name of the Branch actually paying wages.)

Address where Business is carried on: Lot..... Street/Village\*.....

District/Ward:\*..... County:..... Region: .....

Start-up date: .....

Contact No.(s): (Telephone).....(Cell)..... E-mail: .....

Nature of Business: .....  
(State the primary business if there is more than one)

Name of Principal Employer if different from above:.....

Date when operation commenced: .....

Employer's Tax Identification Number (TIN): .....

Number of employed persons:      **Male**       **Female**

I certify that the information given above is correct.

.....  
Signature of Employer or Representative

.....  
Date

\*Delete where inapplicable

EMPLOYER'S STAMP
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**List of required documents**

- TIN Certificate
- If entity is a business, company/corporation, kindly submit business registration or certificate issued by Supreme Court along with application.

**FOR OFFICIAL USE ONLY**

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COMPLIANCE DISTRICT:

INDUSTRY CODE:

SECTOR CODE

ACTION TAKEN		
	INITIALS	DATE
REGISTRATION FORM CHECKED		
INDUSTRY CODE NUMBER ENTERED		
REGISTRATION NUMBER ALLOTTED AND ENTERED IN SPACE OVERLEAF		
R400F2 R0 PREPARED		
R400F2 R0 CHECKED		
R400F2 R0, R400F4 R0 AND R400F5 R0. ISSUED		

Date of Entry

D	M	Y