NATIONAL INSURANCE - GUYANA SELF-EMPLOYED PERSON'S APPLICATION FOR REGISTRATION

	I	OR	OF	FICI	[AL	USE	ON	ILY	
Ins. No.									

PARTICULARS OF APPLICANT (USE BLOCK LETTERS)

Surname in ful	1:															
(IF A MARRII	ED WOMAN,	GIVE	E MAI	DEN	NAME	E)							• • • • • • • • • • • • • • • • • • • •			
Other names in	n full:															
Occupation:																
Date of Comm	encement of Bu	usine	ss:													
Business Addr	ess: Lot	Stree	t				۰۰۰۰۰۰ ۲	Ward/Vill	age							
	City						C	ounty								
Home Address	:															
Telephone No:																
Mother's Nam	e and Surname:	:														
Mother's Maid	len Name:															
Mother's Birth Register Number; where available:																
Date of Birth of Applicant								Sex:	Ma	ale		F	Femal	е		
dd mm yyyy																
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Place of Birth	of Applicant:								NO.	0. 01	cmi	aren ui 2	3	8 and the	neir aş	ges 6
	Country:				• • • • • • • • • • • • • • • • • • • •				AGE				5			Ü
	Mark wi	th X	as app	ropria	ite	_										
	Married		Single	1											-	
Marital status of applicant	Widow		Widov	ver											+	
or applicant	Divorced		Separa	ated												
			-			<u> </u>										
If married, stat	e spouse's age															
If previously e	mployed, state	name	of las	st Emp	oloyer .		• • • • • •			• • • • •				• • • • • • • • • • • • • • • • • • • •		
Address of last	Employer										• • • •					
Date employm	ent ceased									• • • •					• • • • •	
N.I.S. No. National Identification							ication Nu	umber		Τ						
Taxpayer Identification N							ation Nu	mber:								
				_	p	-1 100				<u> </u>						
If married giv	e full name of	f hus	band/	wife.						• • • •						
For a married	man state wif	fe's r	naide	n nan	ne											
If unmarried l	but living toge e of reputed h		nd/wi	fe												
give rum mum	o or repaired in	usous		10												
Are you a Resi	dent of Guyana	1 ?			Yes			No								
Please state da	tes of last three	entri	es into	and o	exits fr	om G	uyana	•								
Entries				Exits												
•••••		•••••		• • • • • • • • • • • • • • • • • • • •												
		•••••	•••••								••••		• • • • • •	•		
Signature/Mark	k of Applicant							•••••								
Witness to ma								Dat								
								Date				•••••		•		
Address											••••		••••		C	. 0

See Over

R400F4A R0 (a) Revision Date: October, 2019

TO BE COMPLETED BY INSPECTOR

I	86:01 DER /MS.							
PARTICULARS OVER LEAF, IS A BONA FIDE SELF EMPLOYED PERSON AND REQU THAT HIS/HER REGISTRATION TAKES EFFECT FROM	EST							
DISTRICT: SIGNATURE OF INSPECTOR								
DATE								
TO BE COMPLETED BY SENIOR INSPECTOR (FOR GEORGETOWN LOCAL OFFICE ONLY	<u>C</u>							
I, SENIOR INSPECTOR OF THE NATIO INSURANCE SCHEME HEREBY DECLARE THAT I AM SATISFIED WITH THE FINDINGS INSPECTOR	OF							
SIGNATURE OF SENIOR INSPECTOR								
DATE								
TO THE RECORDS OFFICER								
TO BE COMPLETED BY THE CHIEF INSPECTOR/OFFICE MANAGER /LOCAL/SUB-OFFICE SUPERVIS	<u>OR</u>							
I								
RECOMMENDATION FOR FURTHER PROCESSING OF THIS APPLICATION FOR REGISTRATION ASELF EMPLOYED PERSON.	TOR							
SELF EMPLOTED FERSON.	TOR HER							
SIGNATURE	TOR HER							
	TOR /HER AS A							
SIGNATURE	TOR /HER AS A							
SIGNATURE	TOR /HER AS A							
SIGNATURE DATE	TTOR HER AS A							
DATE FOR OFFICIAL USE ONLY	CTOR HER AS A							

R400F4A R0 (b) Revision Date: October, 2019