

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

**Employee's work number \*(if any) .....**

(Here may be entered any works or similar number used by the employer to identify the employed person in his wage records).

<b>FOR OFFICIAL USE ONLY</b>									
<b>INSURANCE NUMBER</b>									

**PARTICULARS OF APPLICANT  
(USE BLOCK LETTERS)**

Surname:

IF A MARRIED WOMAN, GIVE MAIDEN NAME

Other names in full:

Also known as:

Occupation:

Address:  Street:

Lot:

Ward/Village:  County:

E-Mail Address:

Mother's Name and Surname:  Mother's Maiden Name:

Place of Birth of Employed Person:

Sex of Employed Person: Male  Female

Date of Birth of Employed Person

DAY	MONTH	YEAR

Martial Status of Employed Person

Married	Single	Divorced	
Widow	Widower	Common Law	Separated

National Identification Number:  TIN:

Address at time you registered for National Registration: Lot ..... Street .....

\*Ward ..... County .....  
Village.....

**PARTICULARS OF CHILDREN UNDER 18 YEARS OF AGE**

N.I.S. No. (If applicable)	NAME	DATE OF BIRTH	AGE	SEX

If married, give full name of husband/wife. ....

For a married man state wife's maiden name .....  
(SURNAME) (OTHER NAMES)

If unmarried but living together  
give full name of reputed husband/wife .....  
(SURNAME) (OTHER NAMES)

Signature of Employed Person ..... Date .....  
(If applicant cannot write he/she should place his/her thumbprint and the employer should insert the applicant's name in capitals, state which thumb was used and sign as a witness to the print).

Thumb Print:  \*Left/Right

Witness (Employer):

\*I certify that I have seen/not seen the employed person's National Identification Card and the number above is correct. I also witnessed the thumbprint of the employed person.

**EMPLOYER INFORMATION**

Mr./Mrs/Ms:

Date Commenced working with me:

NATURE OR TYPE OF BUSINESS:

Registration Number of Employer

NAME OF EMPLOYER:

FULL BUSINESS ADDRESS:

E-Mail Address of Employer:

Signature of Employer or his Representative.....

TELEPHONE NUMBER:

DATE:

\*Delete where inapplicable

**FOR OFFICIAL USE ONLY**

INSURABILITY CONFIRMED	Initials .....	Date .....
INSURANCE NUMBER ALLOTTED AND ENTERED AT HEAD OF FORM AND ON FORM R5	Initials .....	Date .....
<input type="text"/>		
CHECKED .....	Initials .....	Date .....
KEYED.....	Initials .....	Date .....
VERIFIED.....	Initials .....	Date .....