



THE NATIONAL INSURANCE BOARD
OF THE COMMONWEALTH OF THE BAHAMAS
EMPLOYER REQUEST FOR
CONTRIBUTION STATUS LETTER

Please complete and return to the Compliance Special Unit (Located in the Jumbey Village Complex on Blue Hill Road in New Providence)

For any additional information please call 502-1698, 502-1692, 502-1685 or 502-1694

Date: _____

Requested by: _____

Type of Request: Immigration Letter Good Standing Letter

EMPLOYER INFORMATION

NAME:

N.I. #: _____ TEL # _____ FAX#: _____

STREET ADDRESS

CONTACT PERSON

EMAIL ADDRESS

TOTAL # OF EMPLOYEES

EMPLOYEE INFORMATION

NAME:

N.I. #:

TELEPHONE

EMPLOYER NAME

EMPLOYER SIGNATURE

FOR OFFICIAL USE ONLY (NIB INSPECTOR)

EMPLOYER STATUS: (CERTIFICATION)

WE CERTIFY THAT THE INFORMATION PROVIDED BELOW IS TRUE AND CORRECT.

GOOD STANDING NOT GOOD STANDING

DATE _____

INSTALLMENT AGREEMENT STATUS: CURRENT IN ARREARS

INSPECTORS COMMENTS:

INSPECTOR'S NAME (print)
(Revised 19/11/2008)

Inspector's signature

Manager's signature

Submit