



APPLICATION FOR EMPLOYER, SECONDARY, SELF-EMPLOYED & VOLUNTARILY INSURED PERSONS

NOTE: Branches with individual payrolls are required to register as a separate employer.

PLEASE PRINT OR TYPE

- Request for new registration number, Update of existing information, Self employed/voluntarily insured person, Secondary registration

REGISTRATION NUMBER (Complete only if known) [grid]

Required Documents

- Employer/Owner must provide a National Insurance Card and Passport or Voter's Card. Non-Bahamian Employer/Owner/Self Employed/Secondary must provide a Letter of Authorization from the Bahamas Investment Authority along with a current Work Permit, Passport and National Insurance Card. Agent to provide a letter of Authorization from the Employer/Owner along with employer/owner Government issued I.D. and the employer/owner's Passport and agent's photo I.D. (Government issued I.D.) 'Limited' companies (item 7), must provide a copy of the Certificate of Incorporation. Name change: Limited company/Corporation needs a name change certificate Private company needs a letter from employer/owner.

Business Details

- 1. Business name: 2. Trading name of business: 3. Employer TIN: [grid] 4. Business Start Date: day month year 5. Type of business: 6. Business license number: 7. Is business a 'Limited' company?: YES NO 8. Certificate of incorporation number: 9. Is business a Partnership?: YES NO 10. Name of partner: 11. Director's name: 11b. Position: 11c. Director's name: 11d. Position: 12a. Contact person: 12b. Position: 13. Do you have a computerized payroll system? YES NO

Self-Employed/Voluntarily Insured Registrants Only

- 14. Self-Employed/Voluntarily Insured Person's name: First Name Middle Name(s) Last Name 15. Individual's N.I.B. No.: [grid]

Secondary Registrants Only

- 16. Are you presently employed? YES NO N.I.B. No.: [grid] 17. Name of Employer: 18. Occupation:

Address Information

19a. P.O.Box: _____ 19b. Street/Location: _____
Building / House No. Street

Country City/Settlement Island

19c. Direction to Business: _____

20. Contact Preference: Mail Phone Email Fax

21. Phone: Work: _____ Cell: _____ Other: _____

22. E-Mail: Primary: _____ Secondary: _____

23. Fax: _____ 24. Web Address: _____

Declaration

I/We hereby certify that the information given is true and correct.

25. Signature & stamp of Employer or representative, Self-Employed person or Voluntarily Insured person:

Signature of Employer or Representative



Name of Agent (If required)

Employer Stamp

26. Signature of partner if partnership: _____

27. Date form completed: _____
day month year

Instructions for completing form

- Form R.1 is to be either typed or filled in ink.
- The registration number for the company must be entered. Where the registration number is unknown or application is being made for a new registration number, the section item is to be left blank and will be filled in by the Local Office.
- When registering as a business, the full company's name is required in item 1. Item 2 is to be used for the company's trading name. Item 14 and 15 only relate to Self Employed/Voluntarily insured persons. Items 16 - 18 are to be used only by Secondary Registrants.
- 'CONTACT PERSON' in (item 12a), should be the individual who is directly responsible for submitting National Insurance contributions.
- Item 25, requires the signature of either the owner or the manager along with the company's stamp. For Self Employed/Voluntarily insured persons, the signature and stamp are also required.
- Entities with computerized payroll systems are required to electronically submit their monthly contribution statements.
- If you employ any staff you are required under The National Insurance Board Act to register your business with the National Insurance Board within ten(10) days of employment. (Failure to register will result in legal prosecution).

NOTE

Any person who for the purpose of obtaining an Employer, Self-Employed, Secondary or Voluntarily Insured registration number under the National Insurance Act, for himself or a business, knowingly makes any false statement or false representations or produces any document, etc. which he knows to be false, shall be liable to a fine not exceeding Two Thousand Five Hundred Dollars (\$2,500), or to imprisonment for a period not exceeding twelve (12) months or both. You are required to provide NIB with update information if any of the above changes.