



# NATIONAL INSURANCE SCHEME

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## ENROLLMENT VERIFICATION FORM

### TO BE COMPLETED BY THE STUDENT

**STUDENT'S NAME:** First Name:..... Last Name:.....

**TELEPHONE NUMBER:** Home: ..... Mobile:.....

**DECEASED NAME:** First Name:..... Last Name:.....

**SIGNATURE OF STUDENT:** ..... **Date:** .....

### TO BE COMPLETED BY HEAD/DEAN OF INSTITUTION

Name of Educational Institution: .....

Address: ..... Telephone Number:.....

This is to certify that the above named is currently a registered full-time student of the above institution from ..... and is pursuing studies in .....

**/OR** is in Form .....and is expected to complete in .....

Name of Head/Dean of Institution: .....

Signature:.....

**OFFICIAL  
STAMP**

Date: .....

FOR OFFICIAL USE ONLY

Deceased NIS Number:

**WARNING:** Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit commits a criminal offence punishable by fine or imprisonment or both.