



# NATIONAL INSURANCE SCHEME

P.O. Box 322, Melville Street, St. George's, Grenada W.I.  
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## EMPLOYEE REGISTRATION FORM

**PLEASE PRINT IN BLOCK LETTERS**

**EMPLOYEE NUMBER** \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender Male [ ] Female [ ]  
DAY MONTH YEAR

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Country of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Nationality \_\_\_\_\_ Email \_\_\_\_\_

Marital Status Single [ ] Married [ ] Divorced [ ] Widowed [ ]

If Married, state Date of Marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
DAY MONTH YEAR

If Unmarried, Name of Common-Law Husband/Wife \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Name of present Employer / Workplace \_\_\_\_\_

If you were employed by another employer before, please state:

**NAME OF EMPLOYER**

**PERIOD WORKED**

NAME OF EMPLOYER	PERIOD WORKED

Have you ever contributed to the Agricultural Workers Provident Fund? Yes [ ] No [ ]

Signature of Employee \_\_\_\_\_ Witness \_\_\_\_\_

Code : _____	<b>For Official Use</b>	Employer Number _____
Card Issued by: _____	Entered by: _____	Checked by: _____

**THIS FORM MUST BE SUBMITTED WITH A BIRTH CERTIFICATE**