



NATIONAL INSURANCE SCHEME

P.O. Box 322, Melville Street, St. George's, Grenada W.I.
Telephone Nos. (473) 440 3309/6647 Fax: (473) 440 6636
Email: cservice@nisgrenada.org URL http://www.nisgrenada.org

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 : _____	For Official Use	Employer Number _____
Card Issued by: _____	Entered by: _____	Checked by: _____

THIS FORM MUST BE SUBMITTED WITH A BIRTH CERTIFICATE