



P.O. Box 322
 Halifax Street, St. George's
 Tel: (473) 440-3309 / 3775
 Fax: (473) 440-6636

--	--	--	--	--	--	--	--	--	--

Employee's Reg. No.

CERTIFICATE OF EMPLOYMENT

Name of Employee: _____

Address: _____

EMPLOYER: _____

--

Reg. No.

Date employment started:

Ended:

TO BE COMPLETED BY NEW EMPLOYER

Name: _____

--

Reg. No.

Date employment started:

NB: Complete this form before employee leaves. Send Part 1 to the NIS and hand Part 2 to employee leaving for presentation to his new employer. If he had already left send both parts to the NIS.

Employer

Complete this part and immediately send it to the NIS. Where there is no CI, ask for registration card. If there is no card use Employers Guide Paragraph 111 as to how to proceed.