



# NATIONAL INSURANCE SCHEME

P.O. Box 322 , Melville Street, St. George's, Grenada

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## Registration of Employers And Employees Regulations

### Employer's Registration Form

- Notes:** (1) This form is to be completed by every employer, that is someone whether an Individual, Sole Trader, Partnership or Body Corporate with whom an employee has entered into service and who is liable to pay salary, wages or other remuneration for services performed.
- (2) Employee includes domestics, trainees, gardeners and persons performing similar tasks whether of a full time or part-time nature.
- (3) Employers must attach the Certificate of Registration if Business Name or a Certificate of Incorporation, Notice of Directors and Notice of Registered Office if a Company.

Name of Firm or Business or Company: .....

Employer's Name: .....  
(if different)

Name of Director or Company Secretary (if applicable): .....

Address of Business: .....

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Mailing Address (if different):.....

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Telephone: ..... Fax: ..... Email: .....

Nature of Business: .....

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**Number of Employees:**

Male	Female	Total

Name of Employees	NIS No.	Date Employed

**I certify that the information above is correct.**

**Signature of Employer/Partner/Director/Company Secretary/Owner and Stamp of Firm/Company Seal.**

**Signature** .....

**Date** .....

**COMPANY SEAL/BUSINESS  
STAMP**

**PLEASE NOTE THAT NIS MUST BE NOTIFIED IMMEDIATELY OF ANY  
CHANGES**

**For Official Use**

Industry Code: \_\_\_\_\_ Entered by: \_\_\_\_\_ File made by: \_\_\_\_\_

Coding by: \_\_\_\_\_ Checked by: \_\_\_\_\_ Checked by: \_\_\_\_\_

REGISTRATION No. 

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