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

APPLICATION TO PAY SELF-EMPLOYED CONTRIBUTIONS

I, the undersigned, hereby apply to pay co self-employed person and submit the follow		he National Insurance Scheme as a
NIS Number:	-	
Surname: Fi	irst Names:	
Date of Birth:/Sex:	Male [] Female	[]
Mailing Address:		
Email Address:		
Address of Business:		
Telephone Numbers: Business:	Home:	Mobile:
Marital Status: Single [] Married [] Divo	rced [] Wid	lowed []
Name of Spouse:		
Monthly Income:\$		
Nature of Business:		
Date://_	Signature:	·
For O	fficial Use Only	
Application #		
Monthly Payment:		
Entered By:	Checked By	y:
Industry Code:	Coding by:	
File made by:	File Checked by:	

Rev: 2007