



APPLICATION TO PAY VOLUNTARY CONTRIBUTIONS

I, the undersigned, hereby apply to pay contributions to the National Insurance Scheme as a Voluntary Contributor.

NIS Number:

Surname: _____ First Names: _____

Date of Birth: ____/____/____ Sex: Male [] Female []

Address: _____

Telephone Numbers: Home: _____ Mobile: _____

Email Address: _____

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

Name of Spouse: _____

Previous Monthly Income: \$ _____

Name of Last Employer: _____

Date Employment Ended: ____/____/____

Date: ____/____/____ Signature: _____

For Official Use Only

Application Number: _____

Monthly Payment: _____

Entered by: _____ Checked by: _____

Industry Code: _____ Coding by: _____

File made by: _____ File Checked by: _____