



TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD EMPLOYER'S REGISTRATION FORM

FOR OFFICIAL USE ONLY

Form In: _____

Sent On: _____

Initial: _____

NOTE: This form can be completed using Adobe Acrobat Reader on your desktop or mobile device.
However, if filling in by hand, please complete in **BLOCK LETTER**.

SECTION A | EMPLOYER'S INFORMATION

1. Name: _____ : _____
Last First Middle Initial(s)

2. Date of Birth: _____ / _____ / _____ 3. Sex: Male Female
Day Month Year

4. Address: _____

5. Telephone No.: _____ 6. Email: _____

7. Date of Becoming an Employer: _____ / _____ / _____
Day Month Year

8. i. Details if registering as a Limited Liability Company or Statutory Body

(a) Name: _____

(b) Incorporation Date: _____ / _____ / _____ (c) Incorp No.: _____
Day Month Year

ii. Details if operating under a Business License of the person named in (1)

(a) Business Trading Name _____

(b) Business Incorporation Date: _____ / _____ / _____ (c) Business License No. _____
Day Month Year

9. Number of Employees: Female: _____ Male: _____ Total Number of Employees: _____

10. Date Employment Start: _____ / _____ / _____ 11. Date Wages First Paid: _____ / _____ / _____
Day Month Year Day Month Year

SECTION B | DECLARATION

Any person who knowingly makes any false statement or false representation or who produces or furnishes or knowingly allows to be produced or furnished any document or information, which he knows to be false, commits a criminal offence punishable by a fine or imprisonment or both.

Employer's Signature: _____ Date: _____ / _____ / _____
Day Month Year

FOR OFFICIAL USE ONLY (NAMES OF OFFICERS)

Documents checked by: _____ Date: _____ / _____ / _____
Day Month Year

Registration entered by: _____ Date: _____ / _____ / _____
Day Month Year

Verified by: _____ Date: _____ / _____ / _____
Day Month Year