



# TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD

## APPLICATION FOR NATIONAL INSURANCE NUMBER

FOR OFFICIAL USE

National Insurance No.

### PHOTO

**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**.

- **WHO THIS FORM IS FOR?** Persons between the ages of sixteen (16) and sixty-five (65) who are gainfully employed.
- **WHEN TO SUBMIT THIS FORM?** Within fourteen (14) days of employment.
- **WHAT YOU HAVE TO PROVIDE:** Two forms of identification, preferably passport (*Bio metric page*) any other valid Government issued identification.

**NOTE:** If submitting application to the office only **ORIGINAL** documents are acceptable. If submitting online documents should be certified by a Justice of the Peace of Notary Public. Baptismal Certificates **ARE NOT** acceptable.

### SECTION A | INSURED PERSON DETAILS

- Name: \_\_\_\_\_ : \_\_\_\_\_  
Last First Middle
- Maiden Name (if applicable): \_\_\_\_\_
- Nick Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year
- Sex:  Male  Female
- Nationality: \_\_\_\_\_
- Status:  Turks and Caicos Islander  B.O.T.C.  P.R.C. Holder  Residence Permit Holder  Work Permit  
 Other \_\_\_\_\_
- State date you took up residency in the Turks & Caicos Islands: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year
- Do you require a Work Permit?  Yes  No
- Marital Status:  Single  Married  Divorced  Widowed  Separated  Common Law
- If married state date of Marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Name of Spouse: \_\_\_\_\_  
(Please provide Marriage Certificate)
- Full Address: \_\_\_\_\_
- Mailing address if different from residence: \_\_\_\_\_
- Telephone No.: \_\_\_\_\_
- Fax No.: \_\_\_\_\_
- Email: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Have you been registered previously with the National Insurance Board in the Turks & Caicos Islands?  Yes  No  
If yes, state National Insurance Number: \_\_\_\_\_
- Employer's Name and Address: \_\_\_\_\_
- Employer's Registration Number: \_\_\_\_\_
- Date Employment Commenced \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year
- Employer's Signature: \_\_\_\_\_
- Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

## SECTION B | IDENTIFICATION

ID Type:	PASSPORT	DRIVERS LICENSE	NHIP CARD	MARRIAGE CERTIFICATE	BIRTH CERTIFICATE	OTHER
Number:						
Date Issued:						
Country:						
Expiration Date:						

## SECTION C | DEPENDANT(S)

SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (DD/MM/YYYY)	SEX	RELATION
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	
			___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	

Copies of Birth Certificates or Passports are REQUIRED for ALL dependents.

## SECTION D | 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.

Signature of person to be insured: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**FOR OFFICIAL USE**

Documents Check By: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Entered By (Name): \_\_\_\_\_ Date: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_