



TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD APPLICATION FOR NIB MCS PORTAL ACCESS

FOR OFFICIAL USE
National Insurance No.

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?** Employers and Self-Employed who wish to register for access to submit Monthly Contribution Statements online
- **WHAT YOU HAVE TO PROVIDE:** The name and email address of the individual who will receive access to edit/submit monthly contribution statements for the intended registration number(s)

NOTE: Each person being granted access will require a separate form. Access can be granted for multiple registration numbers to a single individual. Persons submitting this form will be required to be an authorized agent/representative/owner for the registration numbers. The person being sent the invitation is required to sign this form in addition to the authorized agent/representative/owner

SECTION A | PORTAL CONTACT/USER DETAILS

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

2. Email Address: _____

Signature of Person being granted access: _____

Date: ____ / ____ / ____
Day Month Year

SECTION B | EMPLOYER REGISTRATION INFORMATION

Please list the employer registration number(s) that will be made available to the above person

Registration Number	Registration Name

SECTION C | AUTHORIZATION SIGNATURE

I authorize the above person access to manage/submit/and edit monthly contribution statements for the registration numbers listed on this form through the NIB MCS Portal.

Signature of authorized employer representative: _____ Contact #: _____ Date: ____ / ____ / ____
Day Month Year

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Documents Check By: _____	Date: _____
IP Amended By (Name): _____	Date: _____
Verified By: _____	Date: _____