



**NATIONAL INSURANCE BOARD**  
**TURKS AND CAICOS ISLANDS**

Application is completed by the insured person or employer and is submitted to any office of the national Insurance Board.

**PART I TO BE COMPLETED IF APPLICANT IS AN INSURED PERSON**

National Insurance # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

I apply for a refund of contributions, which I have paid without liability for the period from \_\_\_\_\_ to \_\_\_\_\_.

Reason why refund is being claimed: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**PART II TO BE COMPLETED IF APPLICANT IS AN EMPLOYER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone# \_\_\_\_\_

Registration# \_\_\_\_\_

I apply for a refund of contributions, which I have paid following employed persons without liability:

Name of Employed person

Ins No:

Period for which contributions paid

**Reason why refund is being claimed**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**PART III FOR OFFICIAL USE**

Amount to be refunded: \_\_\_\_\_

Cheque# \_\_\_\_\_

Issued on: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_