

23. Occupation: _____

5. Have you any employees? Yes No

24. Election of Weekly Income: \$225.00 \$325.00 \$525.00 \$725.00 \$925.00

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	
			___/___/___	<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

Weekly income elected by Self-employed person accepted rejected.

Weekly income determined by the Director after an investigation of self-employed person is \$ _____

Director's Signature: _____ Date: _____

Documents Check By: _____ Date: _____

Registration Entered By (Name): _____ Date: _____

Verified By: _____ Date: _____