



National Insurance Office

Frank Walcott Building
 Flodden, Culloden Road
 St. Michael, Barbados, W.I.
 Tel: (246) 431-7400

Declaration of Unemployment Status

Name of Claimant			
Address			
National Insurance Number			
National Registration Number			
Email Address			
Date of Original Claim (YYYY-MM-DD)			
		Agree	Not Agree
		<i>Please tick the appropriate box</i>	
I have not worked or received any remuneration since the date of the original unemployment claim.			
I am able and willing to do suitable work but I was unable to find any.			
I have not been out of the Island since the date of the Claim.			
I acknowledge that if I make any false statement or give false information for the purpose of obtaining the benefit, I may be prosecuted and liable on conviction to a fine of one thousand dollars (\$1000.00) or imprisonment for six months or both.			



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I acknowledge that if I fail to submit a claim by the due date provided by the National Insurance Office that I may lose the benefit.		
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If out of the Island during the claim for unemployment, please indicate the period that you have been out of the Island.

Date you left the Island (YYYY-MM-DD)	
Date you returned to Island (YYYY-MM-DD)	

Signature

Date