



# NIS ONLINE SOCIAL SECURITY SERVICE REGISTRATION FORM

## PERSONAL INFORMATION (please print in block letters)

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

Name in full (Last Name, First Name, Middle Name) \_\_\_\_\_

National Insurance No.

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

(City) \_\_\_\_\_ (State) \_\_\_\_\_

(Postal Code) \_\_\_\_\_ (Country) \_\_\_\_\_

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email Address (required) : \_\_\_\_\_

Identification Presented: (Valid photo ID required)

Barbados ID Card  Passport

National Registration No.:       -

Mailing Address (if different from address): \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_

(Postal Code) \_\_\_\_\_ (Country) \_\_\_\_\_

## DECLARATION

I hereby make an application for the National Insurance Online Social Security Service and declare that the information given in this form is true to the best of my knowledge and belief. I also agree to my username and password being sent electronically to my above listed email address.

Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
year month day

Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment or both.

## OVERSEAS REGISTRATION ONLY

### NOTARIAL CERTIFICATE (TO BE SIGNED BY A NOTARY PUBLIC)

I \_\_\_\_\_, Notary Public in and for the Country/State/Province/County/ ( \_\_\_\_\_ ) of \_\_\_\_\_ do hereby **CERTIFY** that on the day of \_\_\_\_\_ the date hereof personally came and appeared before me a male/female who identified his/her self to be the within named \_\_\_\_\_ the executing party to the foregoing documents who did in my presence duly sign, seal and deliver the same as and for his/.her free and voluntary act and deed. Given under my hand and seal this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

**PLACE STAMP HERE**

\_\_\_\_\_  
**Notary Public**  
 In and for the Country/State/Province/County/ ( \_\_\_\_\_ )  
 of \_\_\_\_\_

FOR OFFICIAL USE ONLY	RECEIVED BY: _____	DATE: _____
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