



NIS ONLINE SOCIAL SECURITY SERVICE REGISTRATION FORM EMPLOYER

Please print in block letters

Name of Business: _____

Business/Employer's National Insurance No.

Business/Employer's Registration No.:

Address of Employer: _____

Parish _____ Postal Code _____

Tel.: _____-_____

Email Address (required) : _____

**COMPANY
STAMP HERE**

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.

Authorised Person: _____
Print Name

Authorising Company 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.

FOR OFFICIAL USE ONLY

RECEIVED BY:

DATE: