



NATIONAL HEALTH INSURANCE SELF-EMPLOYED REGISTRATION FORM

Form E

INSTRUCTIONS

Please use block letters. Proof of identification (i.e. passport, work permit, belongs card) **must** be submitted. If name differs from that on any form of ID used, proof of name change (i.e. deed poll, affidavit or marriage certificate) must be submitted. Also, note that an eligible self-employed person with an eligible unemployed spouse pays half of the total value of his/her premium for the unemployed spouse and must submit **Form D (Unemployed Spouse's Declaration Form)** in this regard.

PERSONAL INFORMATION

LAST NAME: _____ MAIDEN NAME: _____ GENDER: MALE ☐

FIRST NAME: _____ MIDDLE NAME: _____ FEMALE ☐

VALID I.D. NUMBER: _____ | I.D. TYPE: PASSPORT ☐ | WORK PERMIT ☐ | BELONGER CARD ☐

COUNTRY OF ISSUE: _____ | ISSUE DATE: _____ | EXPIRY DATE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ | TELEPHONE # (284) _____ | (284) _____

COUNTRY OF BIRTH: _____ | DATE OF BIRTH: D____ M____ Y____

OCCUPATION: _____

MARTIAL STATUS: SINGLE ☐ | MARRIED ☐ | DIVORCED ☐ | WIDOWED ☐ | SEPARATED ☐ | COMMON-LAW-SPOUSE ☐

SPOUSE'S NAME: _____ | SPOUSE'S BIRTHDATE: D____ M____ Y____

SPOUSE'S EMPLOYMENT STATUS: EMPLOYED ☐ | SELF-EMPLOYED ☐ | UNEMPLOYED ☐ | RESIDING OVERSEAS ☐

DATE OF MARRIAGE: D____ M____ Y____

EMPLOYMENT INFORMATION

COMPANY NAME: _____

NATURE OF BUSINESS: _____

PREVIOUS EMPLOYER: _____

I hereby apply for registration as a self-employed person under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.

COMPANY STAMP

Applicant's Signature Date: D____ M____ Y____

OFFICIAL USE ONLY

Officer's Name: _____ Signature: _____

Registration Number Assigned: _____

Date: D____ M____ Y____