



NATIONAL HEALTH INSURANCE VOLUNTARY CONTRIBUTOR REGISTRATION FORM

Form J

INSTRUCTIONS

Please use block letters. Proof of identification (i.e. passport, work permit, belongs card) **must** be submitted. If name differs from that on birth certificate, proof of name change (i.e. deed poll, affidavit or marriage certificate) must be submitted.

PERSONAL INFORMATION (to be filled by employee)

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: _____ | NHI MEMBERSHIP NUMBER: _____
(If previously registered)

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____

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

Applicant's Signature Date: D____ M____ Y____

OFFICIAL USE ONLY

Officer's Name: _____ Signature: _____

Registration Number Assigned: _____

Date: D____ M____ Y____