

**NATIONAL INSURANCE SCHEME**  
**APPLICATION FOR COMPLIANCE CERTIFICATE**  
**(SELF-EMPLOYED PERSONS)**

**General Manager**  
**National Insurance Scheme**  
**Brickdam and Winter Place**

Name of Applicant:.....

Address of Applicant:.....

Are you registered as an Employer?            Yes             No

If Yes, what is your registration number? .....

N.I.S. #:.....            Date of Birth:.....

Date of Registration:.....

Occupation:.....

Address of Business:.....

.....

Type of Business:.....

Date Business Commenced:.....

Period Business did not operate during the last two (2) years:.....

Reason for Application:.....

.....

Period of inactivity from date of registration, if not previously disclosed.....

.....

Type of Compliance Certificate applied for:    (a) Automatic One-off Temporary Compliance Certificate   
(Please tick appropriate box)

(b) Standard Compliance Certificate

(c) Trusted Traders Compliance Certificate

Period of last payment:.....

Receipt Number(s):.....

Have you received any contract (s) within the last 12 months?    Yes     No

If yes, (a) Value of contract .....

(b) Date contract was received .....

(c) Nature of Contract.....

(d) Site.....

.....  
SIGNATURE OF APPLICANT

.....  
DATE

**FOR OFFICIAL USE**

This is to certify that I,.....examined the records of this self-employed person, and I am satisfied/not satisfied with the information/evidence produced by this self-employed person.

.....  
**INSPECTOR**

.....  
**DATE**

Declaration by Chief Inspector/Office Manager

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.....

.....  
**CHIEF INSPECTOR/OFFICE MANAGER**

.....  
**DATE**

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**TO BE COMPLETED BY CASHIER**

Amount Paid: .....

Receipt Number: .....

Cashier's Signature: .....

Date Paid Stamp: .....

**List of required documents**

1. National Identification Card
2. Social Security Card
3. TIN Certificate
4. Business Registration