

**NATIONAL INSURANCE - GUYANA**

**APPLICATION FOR CERTIFICATE OF VOLUNTARY INSURANCE**

No. .... of 20.....

National Insurance Number

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1. SURNAME: .....  
(Capital Letters)

OTHER NAMES: Mr/Mrs/Miss .....

ADDRESS: .....  
.....

**DATE OF BIRTH**

DAY	MONTH	YEAR

2. I hereby make application for a Certificate of Voluntary Insurance, and submit hereunder the following information: -

- a. I am ordinarily resident in Guyana;
- b. I have ceased to be liable for contributions, either as an employed person or as a Self-employed person;
- c. I ceased employment/self-employment\* on .....
- d. My last employer was .....
- e. My last contribution paid was for week/month\* ending ..... 20.....
- f. I also worked with the following employers during the periods stated below: -

NAME OF EMPLOYER	PERIOD	
	FROM	TO

Date: .....

.....  
Signature of Applicant

\*Delete where inapplicable