



ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

APPLICATION TO REGISTER AS AN INSURED PERSON

Please fill this form, print and then sign it. All dates should be in dd/mm/yyyy format. Section 1,2, & 3 are compulsory. Fill in sections 4a & 4b where they apply. Please read the Declaration Section and fill it in. This is also compulsory. Grey areas to be filled in by the attending Social Security officer only.

SECTION - 1

Do not fill this box. Reserved for office use only.

Social Security No.

1. Last Name

First Name

Middle Name(s)

☐ M ☐ F

Former/Maiden/Alias Name

2. Gender

3. Height (e.g.5'4")

☐ Yes ☐ No

4. Date of Birth (dd/mm/yyyy)

5. Country of Birth

Citizen of St. Kitts & Nevis? Date of Residency (if other than birth - dd/mm/yyyy)

6. Marital Status: ☐ Single

☐ Married

☐ Divorced

☐ Widowed

☐ Separated

☐ Common-law

If Married; state:

Spouse's Name:

Spouse's Social Security No.

SECTION - 2

7. Home Address

Mailing Address (if different from home address)

Street

Street

Town/Village/Island

Town/Village/Island

8. Phone Number

9. Mobile Number

10. E-mail Address

SECTION - 3

11. Contact Name

12. Relationship

13. Address

14. Phone Number

15. Town/Village/Island

16. Mobile Number

17. Dependants:

Social Security No.	Name of Dependant	Date of Birth (dd/ mm/yyyy)	Gender	Relationship to insured

SECTION - 4a

19. Are you employed on a work permit? ☐ Yes ☐ No

18. Main Occupation

If yes; state date of expiration:

Have you been previously registered for National Provident Fund in this Federation?

☐ Yes ☐ No

Have you been previously registered for Social Security in this Federation?

☐ Yes ☐ No

If you answered 'yes' to being registered in either Fund, please state your former employer(s) and year(s) you worked.

Employer(s)	From (year)	To (year)

SECTION - 4b

20. Provide name and address of your current employer:

Employer's Name

Employer's Address

Phone Number

Town/Village/Island

21. Have you ever worked in another Caricom country? ☐Yes ☐No

If you answered 'yes' to the above question please list the countries and your last employer in the table below:

CARICOM Countries	Last Employer	Period Worked

DECLARATION

I solemnly and sincerely declare that I am the applicant named herein and that the information given on this form is correct to the best of my knowledge and belief and that if there is any statement given which I know to be false, I am liable to legal action.

22. Signature or mark/right thumb impression of applicant (if unable to sign)

Date (dd/mm/yyyy)

23. Name of witness/guardian (Type in BLOCK LETTERS)

Signature of witness/guardian (If applicant is unable to write or is under age 16)

Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Was previous registration researched? ☐Yes ☐No Current Employer's Reg. No.

Passport No.

Date of Extraction (dd/mm/yyyy)

Date of Expiry (dd/mm/yyyy)

Place of Issue

Birth Certificate No.

Date of Extraction (dd/mm/yyyy)

Details

Baptismal Certificate No.

Date of Extraction (dd/mm/yyyy)

Details

Marriage Certificate No.

Date of Extraction (dd/mm/yyyy)

Details

Deed Poll No.

Date of Extraction (dd/mm/yyyy)

Other form of I.D.

Card Issued: ☐Permanent ☐Temporary ☐Old Card attached Occupational Code

Further details

Officer's signature

Date (dd/mm/yyyy)

Verifier's signature

Date (dd/mm/yyyy)