



# ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

## APPLICATION TO REGISTER AS AN INSURED PERSON

Please fill in this form using BLOCK LETTERS ONLY, except where signatures are required. All dates should be in Day/Month/Year format. Section 1, 2 & 3 are compulsory. Fill in sections 4a and 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 in this box. Reserved for office use only Social Security Number

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Names \_\_\_\_\_  
 Gender:  Male  Female  
 Former Name, Alias or Maiden \_\_\_\_\_

Date of Birth (D / M / Y) \_\_\_\_\_ Country of Birth \_\_\_\_\_ Citizen of St. Kitts & Nevis \_\_\_\_\_  
If resident other than by birth give date when residency began

Marital Status: Single  Married  Divorced  Widowed  Separated  Common-Law

If married please provide name of spouse \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_

Spouse's SSN

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### SECTION [2]

Home address \_\_\_\_\_ Mailing address (If different from Home Address) \_\_\_\_\_

Street \_\_\_\_\_ P O Box /Street \_\_\_\_\_

Town/Village \_\_\_\_\_ Island \_\_\_\_\_ Town/Village \_\_\_\_\_ Island \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ E-mail \_\_\_\_\_

### SECTION [3]

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Town/Village \_\_\_\_\_ Island \_\_\_\_\_ Cell No. \_\_\_\_\_

#### Dependents

SSN	Name of Dependent	Date of Birth	Gender	Relationship to Insured

### SECTION [4a]

Are you employed on a work permit  Yes  No

What is your MAIN Occupation?

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 have answered "yes" to being registered in either scheme please state former employers and the year(s) you worked

Employers	From (year)	To (year)

**SECTION [4b]**

Provide name and address of your current employer (use additional sheet if necessary)

Employer's Name \_\_\_\_\_ Town/Village \_\_\_\_\_ Country \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Have you worked in another CARICOM country?  Yes  No

If you have answered YES to the above question please list the countries and your last employer in the space provided below:

CARICOM Countries	Last Employer

**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.**

Signature or mark/thumb impression of applicant if unable to sign \_\_\_\_\_ Date \_\_\_\_\_

Signature of witness/guardian (if applicant is unable to write or is under the age of 16) \_\_\_\_\_ Date \_\_\_\_\_  
[A guardian or parent must sign where the applicant is under the age of 16]

Name of witness or guardian/parent - TYPE IN BLOCK LETTERS \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Was previous registration located/traced  Yes  No      Employer's Reg. No. 

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Passport  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date (D / M / Y)      Details \_\_\_\_\_

Cert. copy of Birth Certificate  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Extract Date (D / M / Y)      Details \_\_\_\_\_

Cert. copy of Baptismal Certificate  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Extract Date (D / M / Y)      Details \_\_\_\_\_

Card Issued  Temporary  Permanent      Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Occupational Code \_\_\_\_\_

Old Card Attached       Verifying Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_