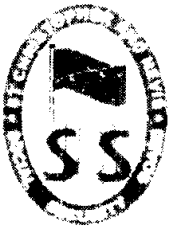


SPECIMEN



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 1 0 0 1 2 9

SUNNY Last Name SAMMY First Name SANNY Middle Names

Former Name, Alias or Maiden Gender: [X] Male [] Female

12/12/84 Date of Birth (D/M/Y) ST. KITTS Country of Birth Citizen of St. Kitts & Nevis

Marital Status: Single [X] Married [] Divorced [] Widowed [] Separated [] Common-Law []

If married please provide name of spouse Spouse's Name Spouse's SSN

SECTION [2]

Home address Mailing address (If different from Home Address)

DOVERS LANE Street P O Box /Street

CONAREE VILLAGE ST. KITTS Town/Village Island

460 1020 Phone No. 760 2010 Cell No. E-mail

SECTION [3]

SUNAMY SUNNY Contact Name MOTHER Relationship

DOVERS LANE Address 460-1020 Phone No.

CONAREE VILLAGE ST. KITTS Town/Village Island 760-1819 Cell No.

Dependents HUSBAND | WIFE | PARENTS & CHILDREN UNDER 18 YEARS OLD

Table with 5 columns: SSN, Name of Dependent, Date of Birth, Gender, Relationship to Insured. Rows include SUNAMY SUNNY (Mother) and TYPHOON THUNDER (Father).

SECTION [4a]

PORTER Are you employed on a work permit [] Yes [X] No

What is your MAIN Occupation? Have you been previously registered for National Provident Fund in this Federation? [] Yes [X] No

Have you been previously registered for Social Security in this Federation? [] Yes [X] No

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

Table with 3 columns: Employers, From (year), To (year)

SECTION [4b]

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

D.B BRISBANE
Employer's Name
CAP INDUSTRIAL PARK
Address

BASSETERRE ST. KITTS
Town/Village Country
W65 2330
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.

Sammy Sunny 15/11/08
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Reg. No.	<input type="text"/>
Passport	<input type="checkbox"/>	Expiry Date (D / M / Y)	Details
Cert. copy of Birth Certificate	<input type="checkbox"/>	Extract Date (D / M / Y)	Details
Cert. copy of Baptismal Certificate	<input type="checkbox"/>	Extract Date (D / M / Y)	Details
Card Issued	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	Officer's Signature	Date Occupational Code
Old Card Attached	<input type="checkbox"/>	Verifying Officer's Signature	Date