

TO BE COMPLETED BY INSPECTOR

IAN INSPECTOR APPOINTED UNDER SECTION 31 OF THE NATIONAL INSURANCE AND SOCIAL SECURITY ACT, CHAPTER 36:01 OF THE LAWS OF GUYANA, HEREBY CERTIFY THAT PURSUANT TO MY POWERS UNDER THE SAID ACT, DULY INVESTIGATE AND CONFIRM THAT MR./MRS./MS. AS FURTHER DESCRIBED IN PARTICULARS OVER LEAF, IS A BONA FIDE SELF EMPLOYED PERSON AND REQUEST THAT HIS/HER REGISTRATION TAKES EFFECT FROM , 20.....

DISTRICT:

SIGNATURE OF INSPECTOR

.....
DATE

TO BE COMPLETED BY SENIOR INSPECTOR (FOR GEORGETOWN LOCAL OFFICE ONLY)

I , SENIOR INSPECTOR OF THE NATIONAL INSURANCE SCHEME HEREBY DECLARE THAT I AM SATISFIED WITH THE FINDINGS OF INSPECTOR AND WISH TO RECOMMEND FURTHER PROCESSING OF THE APPLICATION.

.....
SIGNATURE OF SENIOR INSPECTOR

.....
DATE

TO THE RECORDS OFFICER

TO BE COMPLETED BY THE CHIEF INSPECTOR/OFFICE MANAGER /LOCAL/SUB-OFFICE SUPERVISOR

I CHIEF INSPECTOR/OFFICE MANAGER/ LOCAL/SUB-OFFICE SUPERVISOR OF THE NATIONAL INSURANCE SCHEME, DO HEREBY DECLARE THAT I AM SATISFIED WITH THE FINDINGS OF INSPECTOR AND WISH TO AFFIRM HIS/HER RECOMMENDATION FOR FURTHER PROCESSING OF THIS APPLICATION FOR REGISTRATION AS A SELF EMPLOYED PERSON.

.....
SIGNATURE

.....
DATE

FOR OFFICIAL USE ONLY

INSURABILITY CONFIRMED

Initials Date

**INSURANCE NUMBER ALLOTTED
AND ENTERED AT HEAD OF FORM
AND ON FORM R5**

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Initials Date

CHECKED

Initials Date