



Inland Revenue Division

Individual Registration Form

Individual Information

Name

Last

First

Mid. Initials

Date of Birth

DD MMM YYYY

☐ Male☐ Female

Nationality

Occupation

Driver's Licence/National ID

Contact Number

Email Address

N.I.S No.

Marital Status

Home Address

Mailing Address

Street

City/Village

Parish

Country

Spouse Information (if married)

Name

Last

First

Mid. Initials

Maiden Name

Date of Birth

DD MMM YYYY

Banking information

Bank

Account Number

Street

City/Village

Parish

Employer information

Name

Street

City/Village

Parish

Date Started

DD MMM YYYY

Date Ended

DD MMM YYYY

Employer information

Name

Street

City/Village

Parish

Date Started

DD MMM YYYY

Date Ended

DD MMM YYYY

**Other Sources
of Income**

I hereby certify that the information given on this registration form is true, correct and complete in every respect.

Name

Title

Signature

Date

DD MMM YYYY

Official Use Only

Taxpayer No.

Enterprise No.

Registration Officer

Date

DD MMM YYYY

Licence and Taxes Applicable

☐ A.S.T.

☐ P.I.T.

☐ Licence



NATIONAL INSURANCE SCHEME
P.O. Box 322, Melville Street, St. George, Grenada
Telephone: (473) 440 3309 Fax: (473) 466 336
Email: nisgrenada@nisgrenada.org Website: www.nisgrenada.org

APPLICATION TO PAY SELF -EMPLOYED CONTRIBUTIONS

I, the undersigned, hereby apply to pay contributions to the National Insurance Scheme as a self-employed person and submit the following particulars.

NIS Number:

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Surname: _____ First Names: _____

Date of Birth: ____/____/____ Sex: Male [] Female []

Mailing Address: _____

Residential Address: _____

Email Address: _____

Address of Business: _____

Telephone Numbers: Business: _____ Home: _____ Mobile: _____

Marital Status: Single [] Married [] Divorced [] Widowed []

Name of Spouse: _____

Monthly Income: \$_____._____

Nature of Business: _____

Date: ____/____/____ Signature: _____

For Official Use Only

Application # _____

Monthly Payment: _____

Entered by: _____ Checked by: _____

Industry Code: _____ Coding by: _____

File made by: _____ File Checked by: _____

Warning: Any person who knowingly makes any false statement or false representation for the purpose of obtaining a benefit commits a criminal offence punishable by fine or imprisonment or both.