

**THE NATIONAL INSURANCE BOARD OF TRINIDAD AND TOBAGO  
APPLICATION FOR CERTIFICATE OF COMPLIANCE**

**INSTRUCTIONS**

1. To be completed by the owner/director/authorised personnel of the named business/company.
2. Answer all questions
3. Complete in **BLOCK LETTERS**
4. Complete in **BLUE** or **BLACK** ink only.
5. Email to [compliancecertificate@nibtt.net](mailto:compliancecertificate@nibtt.net) or print in duplicate and submit at the nearest NIBTT Service Centre

Name of Business or Company:

Employer National Insurance Registration Number:

Address of Business or Company:

Street Name

City Country

Number of Employees at Last Payment:

Date of Last Payment:

DD MM YYYY

Telephone Number:

Company Email: \_\_\_\_\_

Name (BLOCK LETTERS) \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Office Held by Signatory \_\_\_\_\_

Date:

DD MM YYYY

No. of Certificates Required

Service Centre where Certificate will be Collected. \_\_\_\_\_



**DECLARATION**

Having carefully read the above, I hereby certify that the information provided hereon is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date:

DD MM YYYY

Title \_\_\_\_\_