THE NATIONAL INSURANCE BOARD

CHANGE OF PARTICULARS OF THE INSURED PERSON

NOTE: (1) THIS FORM CAN BE SUBMITTED BY POST OR IN PERSON OR BY YOUR EMPLOYER TO THE SERVICE CENTRE. (2) THIS FORM MUST BE COMPLETED IF YOU HAVE CHANGED YOUR:- (I) Name, Date of Birth or Maritial Status - Original documents (e.g. Marriage Certificate) or a copy certified by your employer must be submitted to support these changes. (ii) Home/Postal Address, e-mail Address or Telephone Number - No supporting documents are required for these changes				
NATIO	DNAL INSURANCE NUMBER			
1	2	3		
PARTICULARS	PREVIOUS DETAILS	NEW DETAILS		
SURNAME		SURNAME		
OTHER NAME(S)		OTHER NAME(S)		
HOME ADDRESS		HOME ADDRESS		
POSTAL ADDRESS (If Different)		POSTAL ADDRESS (If Different)		
TELEPHONE NO.		TELEPHONE NO.		
E-MAIL ADDRESS	s	E-MAIL ADDRESS		
DATE OF BIRTH	YYYY MM DD	DATE OF BIRTH		
MARITAL STATUS	S SINGLE MARRIED WIDOWED DIVORCED	MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED		

IDENTIFICATION OF INSURED (Tick appropriate box)				
PASSPORT DRIVER'S PERMIT	I(NAME OF EMPLOYER/REPRESENTATIVE)			
NUMBER:		certify that I have seen the original document(s) and identification submitted with the form		
SIGNATURE OR MARK OF INSURED PERSON	DATE: YYYY MM DD			
		SIGNATURE OF EMPLOYER/REPRESENTATIVE		
NAME OF WITNESS TO MARK		COMPANY STAMP		
SIGNATURE OF WITNESS TO MARK	DATE: YYYY MM DD			
CIGINATURE OF WITNESS TO MARIN	FOR OFFICIAL USE			
ACTION AT SERVICE CENTRE				
SERVICE CENTRE				
1. Original Document/Copy Certified by Employer Seen				
BIRTH CERTIFICATE DEED POLL (Affidavit if necessary)		CATION AS		
	MARRIAGE CERTIFICATE PREVIUO	SLY INDICATED OTHER		
<u>NAME</u>	SIGNATUR			
RECEIVED BY: CUSTOMER SERVICE REPRES	SIGNATUR	DATE DEPOSEDITATIVE		
RECEIVED BY:	SIGNATUR	<u>DATE</u>		
RECEIVED BY: CUSTOMER SERVICE REPRES	SIGNATUR	DATE DEPOSEDITATIVE		
RECEIVED BY: CUSTOMER SERVICE REPRES 2. To: Manager, Records Date forwarded for microfiming.	SIGNATUR SENTATIVE CUSTOMER SERVICE	E REPRESENTATIVE YYYY MM DD		
CUSTOMER SERVICE REPRES 2. To: Manager, Records	SIGNATUR	E REPRESENTATIVE YYYY MM DD		
RECEIVED BY: CUSTOMER SERVICE REPRES 2. To: Manager, Records Date forwarded for microfiming.	SIGNATUR CUSTOMER SERVICE SIGNATUR	E REPRESENTATIVE LILL LYYYY MM DD E DATE DATE DATE		