



CONSULATE GENERAL OF SAINT LUCIA

**N.I.C. APPLICATION FOR REGISTRATION FORM R3 INSTRUCTION GUIDE**

Please complete this form if the following applies to you:

1. You have never had an NIC number
2. Age of sixteen years or older
3. Applying for a Saint Lucia passport

See below for completion of the form.

Surname:	Enter your last name
Christian Names:	Enter first and middle names
Alias:	Please leave blank
Date of Birth:	Enter (Day) example if born on January 27th, 2002 Day 27 Enter (Month) example January Enter (Year) example 2002
Place of Birth:	Enter Saint Lucia
Nationality:	Enter Saint Lucian
Passport No:	Enter Passport Number
Place of Issue:	Enter Saint Lucia
Date of Issue:	Enter date the passport was issued [see bio data page] (Example 28-Aug-2006)
Address:	Enter Address in Canada please include city, province and postal code Example: Apt 2-11762 Rue Guillaume Montreal QC H9J 3T5
District:	Enter District you resided in Saint Lucia. Example, Soufriere.
Occupation:	Enter your current job/profession. If you are a student, enter "Student". If you are unemployed, enter "Unemployed".
Purpose of Registration:	Enter New Passport Application or Passport Renewal or Passport Replacement
Telephone Number:	Enter cellular/home telephone number in Canada
Sex of Applicant:	Mark "X" in box for Female or X in box for Male
Marital Status of Applicant:	Mark "X" in box that applies to you.
Spouse Name:	If unmarried leave enter "____". If married enter spouse's name.
Date of Marriage:	If unmarried leave enter "____". If married enter date of marriage.
<b>Signature of Applicant:</b>	<b>Please sign and date the form</b>
Signature of Witness:	Leave blank. Consulate Staff will sign and date

**Do not fill out any section below the signature of witness.**

**The Consulate officer will sign as your witness.**



# NATIONAL INSURANCE CORPORATION

## APPLICATION FOR REGISTRATION

**FORM R3**  
(Reg 3 (2))

### PARTICULARS OF APPLICATION (USE BLOCK LETTERS)

FOR OFFICIAL USE ONLY					
NAT. INS. NO. ALLOTTED					

DO NOT COMPLETE THIS FORM  
IF YOU HAVE COMPLETED ONE BEFORE.

Name.....  
Surname Other names

Also known as (alias) ..... (If married give maiden name) .....

Date of Birth (Day) ..... (Month) ..... (Year) .....

Place of Birth ..... Nationality ..... National Reg. No. ....

Passport No. .... Place of Issue ..... Date of Issue .....

Address .....

District ..... Occupation .....

Purpose of Registration ..... Tel.#: .....

Mark with X as Appropriate

Sex of  
Applicant

Male		Female	
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Marital Status  
of Applicant

Married	Single	
Widow	Widower	
Divorced	Separated	

Spouse Name .....

Date of Marriage .....

Signature of Applicant ..... Date .....  
(Witnessed by an Employee of the NIC)

Signature of Witness ..... Date .....

FOR OFFICIAL USE ONLY		
Other Verification	Passport	
	Birth Certificate	
Initial		
Date		

### THIS SECTION MUST BE COMPLETED BY EMPLOYER

Name of Employer.....

Registration Number of Employer .....

Address of Employer .....

Nature of Business..... Sector .....

Date of Commencement of Employment .....

Signature of Employer or His Representative ..... Date .....

#### Notes

1. Return this Form as soon as it is completed with Birth Certificate or Passport.
2. No Employee should be Employed without a National Insurance Card.

#### FOR OFFICIAL USE ONLY

Entered Date.....	Intl. ....
Verified Date.....	Intl. ....