



MEDICAL BENEFITS SCHEME
SELF-EMPLOYED REGISTRATION FORM

Please tell us about yourself

1. First Name 2. Middle Name(s) (Alias)
3. Surname 4. MBS No. Soc. Sec. No.
5. Date of Birth
6. Home Address P.O. Box#
7. How long have you lived at this address? (Date) 8. Home Tel. #
9. Email address cellular #
10. Are you a Citizen of Antigua and Barbuda? YES NO 11. Please provide the following documents:
(a) A Valid Passport (b) A Valid Work Permit (where required) (c) Documentary Proof of Legal Residency (where required)
12. Have you ever registered with MBS as a self-employed person? YES NO If yes, Give details
.....

Please tell us about your Business

13. When did you start your business? (Date) 14. Does your business have a name? YES NO
- If yes, Give Business Name
15. Address
16. Telephone No..... email address.....
17. What kind of Business/or activity are you engaged in? (be specific).....
18. What is your position in the Business?
19. Are there other Partners in the Business? YES NO If yes, please give their names and addresses: -
- Name..... Address..... Title..... Tel #.....
- Name..... Address..... Title..... Tel #.....
20. Based on the chart below, please indicate your monthly income category: -

| Class | Monthly Earnings | Rate |
|-------|--------------------------|------|
| A | Over \$4,500 | 5% |
| B | \$3,000.01 to \$4,500.00 | 5% |
| C | \$3,000.00 and under | 5% |

A B C (\$ _____)

Name of Applicant (print)..... Signature.....

Title of Signatory..... Date.....

OFFICIAL USE

Registration Number:

Zone:

Monthly Earnings (\$) _____ Deductions \$ _____

Location where main activities will be or are carried on: (be specific)

Resident status

Citizen

Temporary Residence

Work permit endorsement

employment prohibited

Other

State Other

Length of stay granted: From: To:

Dispatched documents: Employer letter R3A

Comments:
.....
.....

Registered by: Date:

VERIFICATION

Comments/Recommendations:
.....
.....

I certify that the information contained in the application is complete and accurate, and all required documents have been submitted.

Approval Disapproval

Verified by: _____
Employee/Employer Registration & Benefits Eligibility Supervisor

Date: _____