

FOR OFFICIAL USE							
SOCIAL SECURITY NUMBER							

EDWARD T. WHEADON HOUSE, LE TRUCHOT  
ST PETER PORT, GUERNSEY GY1 3WH

APPLICATION FOR A REGISTRATION OR  
CONTRIBUTION CARD

**You can also download forms via our website at [www.gov.gg](http://www.gov.gg)**

**PART A. TO BE COMPLETED BY ALL APPLICANTS**

1. Surname.....Mr/Mrs/Miss or title.....

2. Surname(s) before marriage.....

3. Other names (in full).....

4. Date of birth 

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5. Full postal address in Guernsey or Alderney .....

..... Post Code.....

6. Have you arrived from outside Guernsey or Alderney?      YES/NO

If yes, from which country have you come? .....

7. IF YOU ARE EMPLOYED, OR ABOUT TO TAKE UP WORK FOR AN EMPLOYER STATE:-

(a) Your occupation or the nature of the work you are about to be engaged in .....

(b) Name and address of your employer(s) .....

.....

(c) Date of commencement of employment .....

(d) Is this employment temporary?      YES/NO

If yes, what is the expected duration of the employment? .....

8. Your telephone number(s) .....

9. Employer contact telephone number (if known) .....

10. If question 7 is not applicable, please state whether you are self-employed or non-employed .....

**PART B. FOR APPLICANTS WHO ANSWERED YES TO QUESTION 6**

11. Your nationality? .....

12. On what date did you arrive in Guernsey or Alderney? .....

13. Have you ever paid Social Insurance Contributions in that country?      YES/NO

If yes, please state your insurance number .....

14. Are you continuing to pay contributions to any other country? YES/NO

If yes, please state:-

To which country are you paying? .....

The name and address of your employer .....

**PART C. TO BE COMPLETED BY ALL APPLICANTS**

15. Are you working in partnership with your husband or wife YES/NO

**PART D. FOR APPLICANTS WHO ARE OR WERE RECENTLY STUDENTS WHO ARE LIVING OR WHOSE HOMES ARE IN GUERNSEY OR ALDERNEY.**

(NOTE: Students whose homes are in the United Kingdom or elsewhere, and are working in Guernsey or Alderney during their vacations must not complete this part but should complete part B.)

Names and address of school or college which you are attending or which you last attended  
.....

Has your full time education ceased? YES/NO

16. If "YES" please state the date on which it ceased.....

**PART E. DECLARATION TO BE SIGNED BY ALL APPLICANTS.**

I declare that the information given applies to me and is true to the best of my knowledge and belief.

Signature.....Date.....

**Please note: if you have dependent children and you haven't yet registered them with us you may be missing out on claiming Family Allowance and Health Benefit grants.**

**WARNING**

**Any person who knowingly makes any false statement or false representation may be committing a criminal offence punishable with a heavy fine or imprisonment.**

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Registration Card: BLUE/HEALTH BENEFIT/ ORANGE issued on:.....

**Notes**

<b>Input:</b>	Personal details New reg.	Personal details Maintain	Aliases	Notes/events	Self-employed details	Approved
<b>Initials</b>						
<b>Date:</b>						