



Application Accepted/Refused

Initials Date

SOCIAL SECURITY

Shickyrys Y Theay

Notification of Self-Employment

Part 1

Yourself

Your Title (Mrs, Mr, Miss, Ms)

Your full name

Previous name(s)

(e.g your surname before you married)

Your date of birth

Your full address

Postcode

Your Telephone Number

Your E-mail address

Your National Insurance Number

Your marital status

 Single Married Widowed Separated Divorced

If married, widowed or divorced show date

(If more than one change, please prefix each change with either M, W or D)

Part 2

Your Business

1 When did you start in business? Or when will you start?

2 What sort of self-employed work do you do/will you do?

If you are working in the fishing industry as a share fisherman put '✓' in the box

If you intend working as a subcontractor in the Construction Industry contact the Treasury, Income Tax Division for a Tax Exemption Certificate.

3 What is your business name and address?

Postcode

Your business telephone no.

Your business fax no.

4 What is your position in the business (e.g owner or partner.)

5 Do you have any business partners? No Yes

If you have answered 'No', please go to question 6.

If you have answered 'Yes', please state overleaf.

For Official Use – Comments

For Official Use

Invoice No.

CF1 Issued: Initials Date

CF351 Issued Date

CF351 Received Date

Isle of Man
Government*Reillys Eilan Vannin*

DEPARTMENT OF HEALTH AND SOCIAL SECURITY



Part 2 continued

Business Partner's full name and address

Form fields for Business Partner's full name and address, including a Postcode field.

His/her National Insurance No. (if known)

Form fields for National Insurance Number.

If you have more than one business partner, please give details on a separate sheet.

6 Please tell us how you want to pay your Class 2 contributions [] By Direct Debit [] In cash/cheque

Do you want more information about exemption from liability because of low earnings or deferment? (please tick below)

Exemption from liability because of low earnings [] Deferment (if you are employed and self-employed) []

7 Do you employ anybody, including members of your family, to work in your business? No [] Yes []

If you have answered 'No', please go to question 8.

If you have answered 'Yes', you must register as an Employer with the Treasury as soon as possible.

8 If you took over an existing business, what was the name and address of the person you acquired it from?

Form fields for the name and address of the person acquired, and a date field for when the business was acquired.

9 If you are, or will be, doing all or most of your work for one person or firm, including subcontracting in the Construction Industry, state their name and address.

Form fields for the name and address of the person or firm, including a Postcode field.

Part 3

Your Previous Employment

10 What were you doing before you started this self-employment? If you were unemployed, please state what you were doing before you became unemployed. (please tick below)

I was employed - give your employer's name and address below, the date the employment ended and go to Part 4 []

I was self-employed - give your business name and address below, the date the business ceased trading and go to Part 4 []

I was in full-time education - give the date the education finished and go to Part 4 []

I was claiming State Benefit - Please state type of Benefit you were claiming []

Other [] Please state []

Name and address of employer/business

Form fields for the name and address of the employer/business.

Date employment/business/education ended [] / [] / []

Part 4

Declaration

This is my notification of self-employment and I have given details of my business on this form. I understand and agree that the information on this form may be made available to the Treasury, Income Tax Division.

Signature [] Date [] / [] / []

Now you have completed this form, please return it to the DHSS, Contributions Section, Markwell House, Market Street, Douglas. IM1 2RZ. Telephone: 01624 685177 Fax: 01624 685030.

E-mail: nationalinsurance.dhss@gov.im

You have filled in this form because you think that you are self-employed. The Department will deal with your application but this does not mean that the Department definitely accepts that you are self-employed. We may have to make further enquiries to confirm your self-employed status. It is not necessary for you to contact us. If we have any doubts, we will contact you.