

# The Treasury YnTashtey

**Assessor of Income Tax** 

For Offic	cial Use –	· NINO a	allocat	ed/tr	aced	Tax Reference Number				
							Date of Receipt:	 ,	/	

#### **APPLICATION FOR A NATIONAL INSURANCE NUMBER**

If you have a National Insurance Number, think you may have a National Insurance Number, or have previously applied to be registered for National Insurance purposes, please let us know before completing the form

You should only apply for a National Insurance Number if you:

- Are about to start work for an Isle of Man (IOM) employer, or have ever worked for an IOM employer
- Are about to start self-employment in the IOM, or have ever been self-employed in the IOM
- Have been awarded an IOM Social Security benefit

Have been accepted by the Division to pay voluntary National Insurance Contributions
About you — this part must be completed in all cases
1. Personal Details: the name entered here should be the name that you want to be known by in the Isle of Man (IOM) when dealing with the Division
Surname/family name Suffix Example: JP, OBE, etc.
Forename(s) – in full
Title Mrs Miss Ms Other
<ul> <li>2. Any other names you are currently using or have used in the past. Reasons for use could include married name, maiden name, legal name, name adopted by a previous partner etc</li> <li>Title Surname/family name Suffix Forename(s) – in full Reason for use</li> </ul>
Title Surname/family name Suffix Forename(s) – in full Reason for use
3. Date of Birth DD / MM / YY  4. Gender Male Female
5. Reason for this application
Employment Claim to benefit Voluntary Contributions

### 6. Contact details

All addresses here should correspondence to be sen		spondence address if your current h	nome address is unsafe for				
Home Address							
	Posto	ode					
Correspondence addres National Insurance Number		his address will only be used for the	purpose of issuing a				
	Posto	rode					
Daytime contact number(s	5)						
<b>7. If you have previous</b> Previous address 1	sly had an address in the IO	OM or United Kingdom (UK), ple Previous address 2	ase provide details				
	Postcode		Postcode				
Dates at this address	То	Dates at this address	То				
DD / MM / YY	DD / MM / YY	DD / MM / YY	DD / MM / YY				
8. Please provide detai	ls of your arrival to the IO	М					
Date arrived in IOM:	Date left the IOM: Pu	rpose of stay	Country arrived from				
DD/MM/ YY	DD/MM/ YY						
1 1							
1 1							
About your occupation	on - complete if you are	about to commence work					
9. Permission to work i	in the IOM						
Do you require a IOM Wo	rk Permit? YES I	NO					
If applicable, please provide	de Work Permit number						
Do you require a Visa to v	vork in the IOM? YES	NO					
If <b>yes</b> , we will need to see	e your original Visa						

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Your job title							
Employer address			Franksyon omail address				
			Employer email address				
	Postcode						
Work start date	Work end date	Employer n	ame	Employer telephone Number			
DD/MM/ YY	DD/MM/YY						
Your job title							
Employer address			Г				
			Employer email address				
	Postcode						
About your self-	-employment - compl	ete if you a	are about to commenc	e self-employment			
-	out to become self-empl self-employed status appro	-	IOM please provide deta	ails			
Yes No	If no, you will need to c	complete form	n R133 Commencement of S	Self Employment			
About your Soci benefit	al Security benefit cla	aims – this	part must be complet	ed if you are claiming a			
12. Please provid	e details						
Date of claim Da	ate claim ended Name o	of benefit(s)	claimed				
About help with	your application – to	be comple	eted if you have had h	elp completing this form			
13. If someone ha	as helped you to comple	ete this forn	n, please provide details	of that person below			
Name			Contact number				

Name		Contact number	
Address		Relationship to you	
	Postcode		

Additional Information – please t	ell us any other information that may affect your application
14.	
Declaration	
I declare that I do not currently have a Nathe information given is correct and accur	ational Insurance number and wish to apply to be registered for one and that rate.
Date	Signature
1 1	

Personal details on this form will be used by officers working in the Income Tax Division of The Treasury for the purposes of maintaining your Income Tax and National Insurance records. This information may also be shared with third parties such as those stated within the privacy notice below

Privacy notice: To find out more about how we collect and use personal information, contact our office or visit our website at: <a href="www.gov.im/treasuryprivacynotice">www.gov.im/treasuryprivacynotice</a> We will send you a paper copy if you telephone us or write to us using the contact details provided on this form

#### What do I do next?

When you have completed this application form, please return the form in person to our office along with the following,

- 2 forms of identification, one of which must include a recent photograph such as your passport or driving licence
- If you are applying for a National Insurance number for employment purposes, then please provide evidence of your employment offer such as a contract of employment/letter from your employer

Please contact us if you require any help or have any questions regarding this form.

Telephone: (01624) 685400 or email: nationalinsurance.itd@gov.im

National Insurance Contributions Income Tax Division Government Office Bucks Road Douglas Isle of Man IM1 3TX