



TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD

FOR OFFICIAL USE ONLY

Date Received: _____

Claim#: _____

--	--	--	--	--	--

TERMINATION OF SERVICE/LAY-OFF CERTIFICATE

(If more than one employee, attach listing outlining details)

To be completed by the Employer and emailed to Nibunemployment@tcinib.tc

I certify that: Mr. Mrs. Ms.

Full Name _____

First Name

MI

Surname

NIS #

Claimant

--	--	--	--	--	--

Has been employed with _____

NIS#

Employer

--	--	--	--	--	--

From _____ to _____

dd/mm/yyyy

dd/mm/yyyy

Employer Address: _____ Telephone Nbr: _____

Last day for which he/she was paid was _____

dd/mm/yyyy

If pay in lieu of notice was made, how many weeks? _____

If vacation payment was made, how many weeks were paid? _____

Reason for termination/layoff: _____

If known, what is the expected date of re-employment? _____

Dd/mm/yyyy

Last wage/salary _____
Amount \$

Date Paid dd/mm/yyyy

I certify that the information contained on this form is true to the best of my knowledge and belief.

Employer /Representative: _____
Name (Please print)

Signature

Position: _____

Telephone contact: _____

Email Address: _____

Affix Business/Company Stamp/Seal here

Important Note:

Any person, who for the purpose of obtaining any benefit or other payment under this Ordinance, whether for himself or for some other person knowingly makes any false representation or knowingly allows to be produced any document or information which he/she knows to be false, shall be liable to a fine commits an offence and is liable on summary conviction to a fine of \$500 or to imprisonment for a term of six months, or to both.

Date: _____

For Official Use Only