



SOCIAL SECURITY BOARD

**CHAPTER 44, LAWS OF BELIZE
APPLICATION FOR VOLUNTARY INSURANCE**

I, _____
Name in full

of _____
Current address

hereby apply to pay Voluntary Contributions to the Belize Social Security Board.

Below are my particulars:

Social Security Number: _____

Date of Birth: _____

Date of Last Employment: _____

Wages at time of last Employment: _____

Name of Employer (s): _____

I certify that the above information is true to the best of my knowledge.

Signature of Insured Person

Date