



VOLUNTARY CONTRIBUTORS' APPLICATION FORM

*This form is to be completed by individuals who are **NOT** mandated by Jamaican Law to contribute to the NHT and who do **NOT** earn an income in Jamaica, but wish to make contribution payments to the Trust.*

GENERAL INFORMATION OF APPLICANT	
1. Name: <u>Strokes</u> <u>Tom</u> <u>Ryan</u>	
2. Date of Birth: <u>12/12/1975</u>	3. Parish of Birth: <u>Portland</u>
4. NIS #: <u>B751212</u>	5. TRN: <u>101-548-345</u>
6. Home Address: <u>1352 Humphrey Bld, Cleveland</u>	
Parish/ State/ Province: <u>Ohio</u>	Zip Code (if applicable): <u>08605</u>
7. Mailing Address (if different from above): _____	
8. Tel#: (H) <u>(416) 312-1111</u> (Cel) <u>(416) 111-1111</u> (W) _____	
9. Email Address: <u>tommystrokes@gmail.com</u>	
10. Proposed Income (in relevant currency): <u>US \$ 20,000/year</u>	

INSTRUCTIONS: The following documents and information are required for us to serve you. Please ensure that you read these requirements carefully and comply fully so as not to delay the processing of your application.

- NATIONAL INSURANCE CARD (NIS)
 - TAXPAYER REGISTRATION NUMBER (TRN)
 - VALID IDENTIFICATION – (Passport, National Identification or Driver's Licence)
 - INITIAL MONTHLY PAYMENT – (3% of proposed monthly income)
 - PROOF OF OVERSEAS RESIDENCE – (Permanent Resident Card, Indefinite Card, Passport for Country of Residence)
 - PROOF OF AGE – (Birth Certificate, Passport or Driver's Licence)
 - SOURCE OF FUNDS Income / Salary
- Client's signature: T. Strokes Date: 13/11/2019

PLEASE NOTE:

A. The NHT reserves the right **NOT** to process this application where these requirements are not met.

B. Representatives (persons acting on someone's behalf) must present a valid identification and a letter of authorization signed by a Notary Public.

FOR APPOINTMENTS OR QUERIES PLEASE CONTACT THE NHT:
 Website: www.nht.gov.jm
 E-mail: wecare@nht.gov.jm
 Telephone:
 1-876-929-6500-9
Toll Free Numbers:
 Jamaica: 1-888-225-5648
 U.K.: +44 203 514 8816
 U.S.A./Canada: +1-800-858-3219



CUSTOMER INFORMATION FILE DATA

The NHT is developing a database of its contributors in order to better serve them. If you are a contributor, you can help us by completing this form

1a. Full name (Mrs/Mr/Ms.) Tom Ryan Stokes
(First name) (Middle name) (Last Name)

1b. Martial Status: Married Single Divorced Living with Common Law Partner Widow/Widower Separated

1c. Previous /Other Name _____

1d. How was your name changed? By Marriage By Deed Poll When? _____ (Please supply Proof) (Day/Month/Year)

2. Date Of Birth 12/12/1975 2a. Parish & Jamaica Country of birth Portland
(Day/Month/Year)

3a. NIS number B 7 5 1 2 1 2 3b. TRN 1 0 1 5 4 8 3 4 5
(Please include preceding Letter)

3c. I.D #: Passport 07 12 3456 Drivers Licence _____ Voters _____

4. Current Address 1352 Humphrey Blvd 4a. Tel/Home# (416) 312-1111
Cleveland, Ohio Work# _____ (Ext.) _____
Cell# (416) 111-1111 (Fax) _____

4b. Mailing Address _____

4c. E-Mail Address: Business _____ Personal tommystokes@gmail.com

5. Income: Monthly \$ _____ Weekly \$ _____ Fortnightly \$ _____ Yearly \$ 20,000

5b. Do you have any other source of income, Y N State Frequency & Source.
Remittance \$ _____ Part-Time Job \$ _____ Other \$ _____

6. Occupation/Job Title Sales Representative
6a. Current Employer PBC Pharmaceuticals 7. Employers Nis# _____

6b. Employers Address 1290 Snow Drive 7a. Date of Employment 01/02/2019
Cleveland, Ohio 7b. # of Years at Current Job 10

8. Current Employee Status: Full-Time Part-Time Retired Un-employed

9. Previous Employment

Name of Company	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Have you ever received a mortgage loan from the NHT? Yes No
(any benefit from the NHT)

10a. Where you reside, do you: Rent? Lease? Own? Rent Free?

10b. No of Bedrooms Occupied One Two Three Four

10b. Number of Dependents: 2
T. Stokes
Signature of Customer

Signature of Officer

Date: 13/11/2019

Date: _____

Thank you for taking the time to complete this form