



NATIONAL SOCIAL SECURITY FUND

EMPLOYER REGISTRATION FORM
(Please use Block Letters throughout the form)

SECTION A: PARTICULARS OF THE ENTITY

1. Full name of Entity, Department or Authority.

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2. Registration Number* (*Attach copy of certificate*)

3. Nature of Business*

4. On what date did you start the Business? *

5. Tax Identification Number (Company TIN)

6. Locality /Physical Address (e.g. street and plot number) *

.....

7. Telephone Number (Office)* mobile

8. E-mail address*

SECTION B: OWNERSHIP AND MANAGEMENT

1. Chief Executive Officer/Head of Institution

a) Name(s)*

b) Telephone Number* (Office) (Mobile)

c) Email*

2. Directors / Trustees

	NAMES	Telephone Contact	Email
1			
2			
3			
4			

Certification by the employer*

I certify that all the foregoing information is correct.

Signature of employer Date.

Name of the signatory (BLOCK CAPITALS)

Employer's official stamp*

EMPLOYER PORTAL LOGIN DETAILS*

Preferred Email	<input type="text"/>
Contact Person	<input type="text"/>
Tel. Number	<input type="text"/>

SECTION C: For NSSF Official Use Only

Officer in Charge	<input type="text"/>
Branch Manager	<input type="text"/>
Official NSSF Stamp	