

National Social Security Fund Employer Registration Data Collection Form

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| Company Name: (*) | |
| Employer Number: | |
| CEO Surname: (*) | |
| CEO Other Names: (*) | |
| Director Surname: | |
| Director Other Names: | |
| Applicant Surname: (*) | |
| Applicant Other Names: (*) | |
| Applicant Designation: | |
| Nationality: (*) | |
| Physical Address: (*) | |
| Location/District: (*) | |
| Postal Address: (*) | |
| Telephone Number: (*) | |
| Fax Number/ Email Address: | |
| Nature of Business: (*) | |
| Business Start Date: | |
| No. of Employees on Start date: (*) | |
| Current No. of Employees: (*) | |
| Any Employees in Exempted Employment: | |
| Do you have any branches Y/N: (If yes, indicate) | Yes No |
| Wages paid Centrally(Y/N): | Yes No |
| Wish to have separate Registrations (Y/N): | Yes No |