



**NATIONAL SOCIAL SECURITY FUND  
EMPLOYER REGISTRATION FORM**

**SECTION A: PARTICULARS OF THE ENTITY**

1. Full name of Entity, Department or Authority\*  
.....

2. Business Registration Number or Tax Identification Number (Company TIN)\*

3. Nature of Business\* .....

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

5. Locality /Physical Address (Village, Subcounty, County/Division, District, Region) \*  
.....

6. Telephone Number (Office)\*  mobile

7. E-mail address\* .....

**SECTION B: OWNERSHIP AND MANAGEMENT**

1. Chief Executive Officer/Head of Institution

a) Name(s)\* .....

b) Telephone Number\* (Office)  (Mobile)

c) E-mail address \* .....

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	
Contact Person	
Tel. Number	
National Identification Number (NIN) or Individual NSSF Number	

**SECTION C: For NSSF Official Use Only**

Officer in Charge	
Signature	