

NATIONAL SOCIAL SECURITY FUND  
**EMPLOYER NAME CHANGE FORM**

**IMPORTANT:**

All fields on the form **SHOULD** be filled in by the employer.

Please use **BLOCK CAPITALS** throughout the form.

1.	EMPLOYER NSSF NUMBER	
2.	URA - TAX IDENTIFICATION NUMBER (TIN)	
3.	URSB - BUSINESS REGISTRATION NUMBER (BRN)	
4.	FORMER name of employer, Department or Authority (In FULL)	
5.	CURRENT name of employer, Department or Authority. (In FULL)	
6.	FORMER CEO `s Name	
7.	CURRENT CEO `s Name	
8.	FORMER Director's Name	
9.	CURRENT Director's Name	
10.	FORMER Applicant's Name	
11.	CURRENT Applicant's Name	
12.	Applicant's Designation	
13.	Applicant's Nationality	
14.	FORMER Full postal Address	
15.	CURRENT Full postal Address	
16.	FORMER Telephone Number (s)	
17.	CURRENT Telephone Number (s)	
18.	FORMER E-mail address	
19.	CURRENT E-mail address	
20.	FORMER Locality /Physical Address (e.g. street and plot number)	
21.	CURRENT Locality /Physical Address (e.g. street and plot number)	

**NB: Details in 22 to 27 below relate to the new business/organization.**

22.	Nature of Business	
23.	On what date did you start the Business?	
24.	How many employees did you/ will you have at the start of business?	
25.	What is the total number of employees now?	
26.	Do you have any employees who are in exempted employment?	
27.	Where is the business carried out if at a different location to the address at Q21?	

**28. Give details of the number of employees at other branches in Uganda, as follows:**

Full postal address of each branch	Location	Number of employees

29.	Do you pay your wages centrally?	
30.	If the answer to Q29 is No, do you wish to have separate registration? Yes or No	

**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:**