



**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.

.....

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	