



SOCIAL SECURITY BOARD EMPLOYER REGISTRATION FORM

PLEASE USE BLOCK CAPITALS

REGISTRATION NO.

BUSINESS NAME	COMPANY
EMPLOYER'S LAST NAME	FIRST NAME
MAIN OFFICE ADDRESS	TELEPHONE NUMBER(S)
TYPE OF BUSINESS (IF DOMESTIC EMPLOYMENT, GIVE RESIDENT ADDRESS & LIST AS HOUSEHOLD)	
MANAGING DIRECTOR'S LAST NAME	FIRST NAME
LOCAL ADDRESS	TELEPHONE NUMBER(S)

DECLARATION

I hereby apply for registration as an employer under the Social Security Ordinance 1979 and I certify that the above details are correct.

Please print name _____

Signature _____

Date _____

FOR OFFICIAL USE ONLY		
ACTION TAKEN	INITIALS	DATE
REGISTRATION FORM CHECKED		
REGISTRATION NO. ALLOTTED & ENTERED		
FORM REG. ISSUED		
LEDGER ACCOUNT OPENED		
FILE OPENED		
COMMENTS		