

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

Form 1

The Chief Executive Officer
Social Security Commission
Private Bag 13223
Windhoek

(FOR OFFICIAL USE ONLY)
REGISTRATION NUMBER:
.....

**APPLICATION FOR REGISTRATION AS AN EMPLOYER
(OTHER THAN AN EMPLOYER OF A DOMESTIC EMPLOYEE)
(Section 20/Regulation 2)
TO BE COMPLETED IN BLOCK LETTERS**

1. Name:.....
2. Postal Address:.....
3. Business Address:
4. Telephone number:..... 5. Facsimile number:.....
6. Nature of Business:.....
7. Form of business enterprise:.....

SOLE OWNER	PARTNERSHIP	COMPANY	CLOSE CORPORATION
OTHER (SPECIFY)			

8. (a) In case of sole owner, state Date of Birth:.....
 Identity number:.....(if any)
 Passport number:.....(if any)
 (b) If the business is conducted under another name, state such name:.....
 (c) In case of a partnership, state full names and dates of birth and (if any) the identity numbers and
 Passport numbers of the partners per annexure.
9. In case of a company or close corporation, state registration number under the Companies Act, 1973
 (Act 6 of 1973) or Close Corporation Act, 1988 (Act 26 of 1988) (whichever is applicable):

10. Date of commencement of business:.....

I,.....(full names and capacity) certify that the above particulars are true and correct.

.....
EMPLOYER
DATE

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Checked by:.....Date:.....

Remarks:

.....

Fee Paid: N\$ Receipt Number: