



# SOCIAL SECURITY ACT, 1980 REGISTRATION OF EMPLOYER

NAME OF BUSINESS .....

NAME OF EMPLOYER .....

NAME OF AGENT .....

MAILING ADDRESS .....

TELEPHONE NO. (IF AVAILABE) .....

BUSINESS EMAIL ADDRESS .....

LOCATION OF BUSINESS .....

NATURE OF BUSINESS .....

DATE OF FIRST EMPLOYMENT OF WORKER (S) .....

NUMBER OF INSURABLE PERSONS BETWEEN AGES 15 TO 65 .....

MALE ..... FEMALE .....

EMPLOYEES ARE PAID WEEKLY OR MONTHLY (CIRCLE APPROPRIATE ONE)

I DECLARE THAT THE INFORMATION GIVEN IS CORRECT.

SIGNATURE OF EMPLOYER ..... DATE .....

## NOTES:

1. Every employer to whom Social Security Act and Regulations apply is required to register with the Director of Social Security within fourteen (14) days of the date on which he becomes, or again becomes, an employer.
2. Every person who subsequently ceases to be an employer, or changes his business address, must Forthwith notify the director thereof.
3. Every employer must, as soon as he engages any person, ensure that the worker completes an application form (R3) for registration as an insured person unless the worker produces evidences that he is already registered.

R6. REVISED 2003

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OFFICE USE ONLY

EMPLOYER REGISTRATION NO. ....

SIGNATURE OF ASSIGNING OFFICER ..... DATE .....

*This form should be accompanied by a valid Business License*