



SOCIAL SECURITY ACT, 1980 EMPLOYEE REGISTRATION FORM

SURNAME..... SEX.....MARITAL STATUS.....
OTHER NAMES..... PLACE OF BIRTH.....
MAIDEN NAMES..... DATE OF BIRTH.....^D ^M ^Y VER.....
FULL ADDRESS..... DATE OF MARRIAGE.....^D ^M ^Y VER.....
..... EMAIL ADDRESS

AREA CODE..... TELEPHONE NUMBER

SURNAME	OTHER NAMES	MAIDEN NAME (If applicable)
FATHER'S NAME
MOTHER'S NAME
SPOUSE'S NAME
NEXT OF KIN	NUMBER OF CHILDREN	
ADDRESS	OCCUPATION	
.....		
EMPLOYER REGISTRATION NO.....	DATE OF EMPLOYMENT	
SIGNATURE	DATE	
WITNESS (IF NOT SIGNED)	DATE	

OFFICE USE ONLY

TRANSFER FROM TEMPORARY NO

SPOUSE'S REG #INIT.CR:OTHER CR:.....TOTAL CONTRIB.....

DATE OF DEATH^D ^M ^Y /..... /.....

SOCIAL SECURITY ENTRY DATE

VERIFIED BY: ISSUED IN:

This form should be submitted along with a Valid Passport or Birth Certificate