SOCIAL SECURITY FUND
REGISTRATION OF EMPLOYER

Form : RE_2

1. Name : Mr. / Mrs / Miss. .....

2. Trade Name.....

3. Telephone Number.....Email Address.....

4. Mailing Address.....

5. Type of activity (be specific).....

6. a) Date trade, business or work commenced Day..... Month.....Year .....

   b) Date employement commenced Day..... Month... .....Year.....

7. Date wages were first paid Day.....Month.....Year.....

8. Approximate No. of employed persons Male..... Female .....

9. a) Legal status of employer :

i) Single Person	[ ]	vii) Committee	[ ]
ii) Partnership	[ ]	viii) Association	[ ]
iii) Company	[ ]	ix) State Functionary	[ ]
iv) Government Ministry / Department	[ ]	x) International Government	[ ]
v) Club	[ ]	xi) Statutory Board	[ ]
vi) Trade Union	[ ]	xii) Other Legal Entity (specify)	[ ]

(.....)

   b) Submitted herewith is Documentation in support of 9 a) above. (i.e. appropriate ID; Certificate of Incorporation;)

   Other Documents (specify) .....

10. Is this a Business Enterprise which was acquired from someone? Yes [ ] No [ ]

(If "Yes" complete 11 - 13)

11. Name of previous Business or Owner.....

12. Address of previous Owner.....

13. Date of Acquisition [ ][ ][ ][ ][ ][ ] (dd mm yy)

14. Is your payroll on computer Yes [ ] No [ ]

15. Print Name(s).....

16. Position / Post.....

17. Signature(s).....Date [ ][ ][ ][ ][ ][ ] (dd mm yy)

NOTES

Every employer must, as soon as he engages any employee, ensure that such person completes an application form (RE_1) for registration with the Social Security Office unless the employed person produces evidence that he / she is already registered.

Every employer to whom the Social Security Act and Regulations apply is required to register with the Director of Social Security within seven (7) days of the date on which he becomes an employer.

Any person who ceases to become an employer, or resumes as an employer, or changes his business name or address, must forthwith notify the Director of Social Security.

PENALTY : If any person contravenes or fails to comply with any of the Social Security (Registration) Regulations he / she shall be liable on summary conviction to a fine not exceeding One Hundred Dollars ($100.00) for each such offence, or, where the offence consists of continuing any such contravention or failure after conviction thereof, to a fine of One Hundred Dollars ($100.00) for each day on which it is so continued.

FOR OFFICIAL USE (INSTRUCTIONS, NOTES etc.)

Employer's Registration No. | | | | | | |

Employer's Guide Issued..... ☐

Registration Officer..... ..... | | | | | | |

Name Signature dd mm yy

Inspector..... ..... | | | | | | |

Name Signature dd mm yy