1. (a) SURNAME								
(b) First Name								
(c) Middle Name(s).								
(d) Mother's Name .								
2. Education:	Primary		Secondary		College / Tertiary		University	
3. Sex:	Male		Female		Date of Birth			
4. Occupation								
5. Residential Address								
(a) Telephone Numb	er			• • • • • • • • • • • • • • • • • • • •			а	
(b) Return Address (non-nationals)		=					
6. (a) Place of Birth				Nation	ality			
(b) Are you employed	ed on a work pe	rmit	Yes		No			
7. Marital Status:	Single		Married					
	Widowed		Divorced		Separated		Common-Law	
8.(a) Name of Spouse	·/F							
(c) Complete the following			dependents:					
	ame of Depend (under 16 years				Date of Birth	Sex	Relationship to Inst	ıred
						,		
9. (a) Name of Present	Employer							
(b) Address of Prese	nt Employer							
10. I declare that the in	formation giver	above	is correct to the	e best o	f my knowledge and	belief.		
Signature of applicant.							Date	
11. Witness (if applicar	nt is unable to w	rite)					Date	

NOTES

Every employer must, as soon as he engages any employed person, ensure that such person completes an application form (R1) 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.

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FOR OFFICIAL USE (INSTRUCTIONS, NOTES etc.)			Г
Employer's Registration No.	54.		
Particulars entered in Computer			
Employer's Guide Issued			
Action taken by(Registration Officer's signature)			
Date			
Employer eductated by Registration Officer			
Signature of Inspector	Date of visit		ň