



**MONTERRAT SOCIAL SECURITY FUND**  
**REGISTRATION OF SELF-EMPLOYED PERSON**

Form SE\_1

**WARNING —** Any person who knowingly makes false statements or false representation to the Social Security commits a criminal offence which is punishable by a fine or imprisonment or both.

To: The Director  
Social Security Fund

Social Security Registration No.

I, Mr / Mrs / Miss ..... hereby make an  
application to be registered as a Self-Employed Person.

Address .....

Telephone No. .... Email Address .....

Nature of Business .....

As of 1 January 2023, kindly select the Monthly Insurable Income for the purpose of payment of contribution which most closely represents your earnings.

Monthly Insurable Income	Contributions Monthly Income	Tick Appropriate Amount
600.02	60.00	
1,200.02	120.00	
1,800.02	180.00	
2,400.02	240.00	
3,000.02	300.00	
3,600.02	360.00	
4,000.02	400.00	

- Please note that Social Security Amendment No. 10 of 1996 (8) stipulates that a Self-Employed Person cannot change his / her contribution level within the contribution year (calendar year) of Registration.

Were you educated and issued a Self-Employed Guide by the Operations Department? Yes ☐ No ☐

..... Date   
dd mm yy

Signature of Self Employed Person

**FOR OFFICIAL USE**

Self-Employed Person's Registration No.

Certificate of Registration period  to   
dd mm yy dd mm yy

Document used for registration as a Self-Employed Person .....

..... Date   
dd mm yy

Registration Officer's Name

Signature

..... Date   
dd mm yy

Verification Officer's Name

Signature