



MONTERRAT SOCIAL SECURITY FUND
REGISTRATION OF SELF-EMPLOYED PERSON—2025

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 2025, kindly select the Monthly Insurable Income for the purpose of payment of contribution which most closely represent your earnings.

Table with 3 columns: Monthly Insurable Income, Contributions Monthly Income, Tick Appropriate Amount. Rows include income levels from 600.04 to 4,000.04 and corresponding contribution amounts.

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