



SOCIAL SECURITY FUND REGISTRATION OF EMPLOYEE

Form RE_1

1. (a) Surame Mr. / Mrs / Miss
(b) First Name
(c) Middle Name(s).....

2. Sex: Male Female Date of Birth

dd	mm			yy	

3. Residential Address.....
(a) Tel. No.Email.....
(b) Return Address (non-nationals).....
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4. (a) Place of Birth..... Nationality.....

5. Marital Status: Single Married Common-Law Widowed Divorced Separated

6. (a) Name of Spouse.....
(b) Address of Spouse.....
.....

7. Education: Primary Secondary College / Tertiary University

8. Occupation.....

9. (a) Name of Present Employer.....
(b) Address.....
.....

I declare that the information given above is true and accurate to the best of my knowledge and belief.

Signature of Applicant Date

dd	mm			yy	

NOTES

1. This application must be presented forthwith to the Social Security Office.
2. A Registration Card will be issued bearing the employed person's picture, name and number. An employee to whom a registration card is delivered in keeping with the regulation 5 shall be responsible for its safe custody, and if any such card is lost or destroyed because of defacement or change of name or otherwise ceases to represent his identity, the person concerned shall apply to the Director for issue to him of a replacement registration card, and for this purpose the applicant shall furnish the Director with such information as he may require.
3. If any person contravenes or fails to comply with any of these Regulations he shall be liable on summary conviction to a fine not exceeding \$100 for each such offence, or where the offence consists of continuing any such contravention or failure after conviction thereof to a fine of \$100 together with a further \$100 for each day on which it is so continued.
4. Always show your Registration Card to your Employer

FOR OFFICIAL USE

Documentary Evidence for Verification

Passport No. Date of Issue

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dd mm yy

Other State issued picture ID Date of Issue

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dd mm yy

Occupational Code..... Employer's Social Security Reg. No.

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Nationality Code

Employee Instructed by

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dd mm yy

Name Signature

Registration Officer

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dd mm yy

Name Signature

Employee's Social Security Reg. No

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Employee's Guide Issued Yes No If No, give reason

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Verification Officer

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dd mm yy

Name Signature