Form RE_1

SOCIAL SECURITY FUND
REGISTRATION OF EMPLOYEE

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) .....

   .....

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. Profession .....

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

   (b) Address .....

.....

NB :- Replacement Registration Cards can be obtained from the Montserrat Social Security (MSS) office at a fee of EC$100.00

I declare that the information given above is true and accurate to the best of my knowledge and belief, and a Social Security Employee Guide was issued to me.

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

Employee's Social Security Reg. No. | | | | | | |

Documentary Evidence for Verification

Passport No. ..... Date of Issue | | | | | | |
dd mm yy

Other State issued picture ID ..... Date of Issue | | | | | | |
dd mm yy

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

Nationality Code .....

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

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Employee Instructed by .... | | | | | | |
Name Signature dd mm yy

Registration Officer .... | | | | | | |
Name Signature dd mm yy

Verification Officer .... | | | | | | |
Name Signature dd mm yy