



# 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 .....

**Kindly select the Monthly Insurable Income for the purpose of payment of contribution which most closely represent your earnings.**

| Monthly Insurable Income | Contributions Monthly Income | Tick Appropriate Amount |
|--------------------------|------------------------------|-------------------------|
| 600.00                   | 48.00                        |                         |
| 1,200.00                 | 96.00                        |                         |
| 1,800.00                 | 144.00                       |                         |
| 2,400.00                 | 192.00                       |                         |
| 3,000.00                 | 240.00                       |                         |
| 3,600.00                 | 288.00                       |                         |
| 4,000.00                 | 320.00                       |                         |

• 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