



MONTSERRAT SOCIAL SECURITY FUND REGISTRATION OF VOLUNTARY CONTRIBUTOR

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: Director
Social Security Fund

Social Security Registration No.

Date of Birth
dd mm yy

Surname Mr / Mrs / Miss

First Name Middle Name(s)

Overseas Address

Telephone No. Email

Date leaving Montserrat
dd mm yy

Start date for voluntary contribution
dd mm yy

Were you educated and issued a Voluntary Contributor's Guide by the Operations Department? Yes No

I declare that the information given above is true and correct to the best of my knowledge and belief and I hereby make application for registration as a voluntary contributor.

.....

Date
dd mm yy

Signature of Voluntary Contributor

For Official Use Only

.....

(Name of Applicant)

Has been duly approved by the Montserrat Social Security Fund to be a Voluntary Contributor from
dd mm yy

He / she will be required to pay contribution at the rate of \$ monthly.

.....

Date
dd mm yy

Registering Officer's Name

Signature

.....

Date
dd mm yy

Verification Officer's Name

Signature