



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	54.00	
1,200.00	108.00	
1,800.00	162.00	
2,400.00	216.00	
3,000.00	270.00	
3,600.00	324.00	
4,000.00	360.00	

• 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