



MONTSERRAT 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

As of 1 January 2026, kindly select the Monthly Insurable Income for the purpose of payment of contribution which most closely represents your earnings.

Monthly Insurable Income	Contributions Monthly Income	Tick Appropriate Amount
600.05	72.00	
1,200.05	144.00	
1,800.05	216.00	
2,400.05	288.00	
3,000.05	360.00	
3,600.05	432.00	
4,000.05	480.00	

- 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

dd mm yy

to

dd mm yy

Document used for registration as a Self-Employed Person

Registration Officer's Name

Signature

Date

dd mm yy

Verification Officer's Name

Signature

Date

dd mm yy