



## SOCIAL SECURITY BOARD EMPLOYER REGISTRATION FORM

**PLEASE USE BLOCK CAPITAL LETTERS**

Registration form must be submitted with the following documents:

**A copy of a valid Trade License except in the case of Domestic Work**

**If business is a company, Certificate of Incorporation and a List of Company Directors**

BUSINESS/COMPANY NAME	
BUSINESS OWNER (S)	
MANAGING DIRECTOR'S NAME	
TYPE OF BUSINESS (IF DOMESTIC, GIVE RESIDENT ADDRESS)	
MAIN OFFICE PHYSICAL ADDRESS	
MAILING ADDRESS	
CONTACT NUMBER(S)	E-MAIL ADDRESS

**DECLARATION**

I hereby apply for registration as an employer under the Social Security Ordinance 1979 and I certify that the above details are correct.

Please print Employer's Name \_\_\_\_\_

Employer's Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

ACTION TAKEN	INITIALS	DATE
REGISTRATION FORM CHECKED		
INDEX CHECKED		
REGISTRATION NO. ALLOTTED		
REGISTRATION PACKAGE ISSUED		
REGISTRATION ENTERED		