

SOCIAL SECURITY BOARD SELF-EMPLOYED REGISTRATION FORM

PLEASE USE CAPITAL LETTERS

Proof of birth (birth-certificate or passport) must be submitted. If name differs from that on birth certificate, proof of name change (i.e. deed poll, affidavit, marriage certificate.)								
PERSONAL DATA								
Last Name					Maiden Name			
First Name				Middle	Middle Name		Male	Female
Physical Address					Contact Number(s)			
Country of Birth					Birth Date			
					Day Month			Year
Occupation Email Add								
Married	Date of marriage	Single	Divorced	Wi	Widowed 1		lo. of Dependants	
Mother's Name Spouse's Name Father's Name Next of Kin								
EMPLOYMENT DATA								
COMPANY NAME (IF APPLICABLE)								
PREVIOUS EN	MPLOYER (IF APPLICABI	LE)						
SOCIAL SECURITY NUMBER (IF APPLICABLE)								
DATE YOU BECAME SELF-EMPLOYED								
Signature Date								
FOR OFFICIAL USE ONLY								
ACTION TAKEN					INITIALS	5 DATE		
INSURABILITY CONFIRMED								
INDEX SEARCHED								
SOCIAL SECURITY NO. ALLOTTED								
REGISTRATION CARD /PACKAGE ISSUED								
REGISTRATION ENTERED								