



# SOCIAL SECURITY BOARD COMMENCEMENT OF EMPLOYMENT

## EMPLOYER INFORMATION

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SSB REGISTRATION NUMBER: \_\_\_\_\_

## EMPLOYEE INFORMATION

I certify that Mr./Miss/Mrs./Ms. \_\_\_\_\_

commenced employment with me on \_\_\_\_\_ as a(n) \_\_\_\_\_  
DD | MM | YYYY| Occupation

His/Her Social Security Number is \_\_\_\_\_.

- He/She has not been previously registered and I am therefore enclosing a completed registration form.
- He/She has been registered but is unable to quote a registration number.
- If unable to quote a Social Security Number, give date of birth \_\_\_\_\_  
DD | MM | YYYY|

Employer's Signature

.....

Date: \_\_\_\_\_  
DD | MM | YYYY|

Company Stamp

## FOR OFFICIAL USE ONLY

ACTION	INITIALS	DATE
Received by:		
System updated by:		