



# SOCIAL SECURITY BOARD NOTICE OF TERMINATION OF EMPLOYMENT

**INSTRUCTIONS:** PLEASE COMPLETE USING BLOCK LETTERS.

## EMPLOYER INFORMATION

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

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

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

## EMPLOYEE INFORMATION

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

whose Social Security Board Membership Number is \_\_\_\_\_

left my employment on D\_\_\_\_\_ M\_\_\_\_\_ Y\_\_\_\_\_

Company Stamp

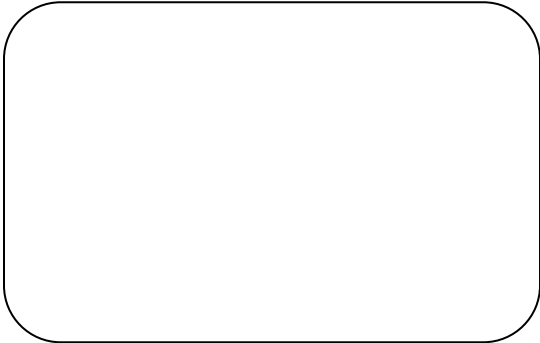
**I declare that the information provided is true and correct.**

**Employer's Name** .....

**Employer's Signature** .....

**Designation**.....

**Date:** D\_\_\_ M\_\_\_ Y\_\_\_



### FOR OFFICIAL USE ONLY

ACTION	INITIALS	DATE
Register sheet noted		
Card filed		