

The Chief Executive Officer
Social Security Commission
Private Bag 13223
Windhoek
Namibia

(FOR OFFICIAL USE ONLY)
REGISTRATION NUMBER

APPLICATION FOR REGISTRATION AS AN EMPLOYER
(OTHER THAN AN EMPLOYER OF A DOMESTIC EMPLOYEE)
(Section 20/Regulation 2)

TO BE COMPLETED IN BLOCK LETTERS

1. Name :
2. Postal address:
3. Business address:
4. Telephone number: 5. Facsimile number:
6. Nature of business:
7. Form of business enterprise:

SOLE OWNER	PARTNERSHIP	COMPANY	CLOSE CORPORATION
OTHER (SPECIFY)			

8. (a) In case of sole owner, state Date of Birth:
Identity number: (if any)
Passport number: (if any)
(b) If the business is conducted under another name, state the name:
(c) In case of a partnership, state the full names, dates of birth, (if any) the identity numbers and passport numbers of the partners per annexure.

9. In case of a company or close corporation, state the registration number under the Companies Act, 1973 (Act 6 of 1973) or Close Corporation Act, 1988 (Act 26 of 1988) (whichever is applicable):
.....

10. Date of commencement of business:

I, (full names
and capacity) certify that the above particulars are true and correct.

.....
EMPLOYER

.....
DATE

FOR OFFICE USE ONLY

Checked By: Date:

Remarks:

Fee Paid: N\$ Receipt Number :