



**REPUBLIC OF THE GAMBIA  
SOCIAL SECURITY & HOUSING FINANCE CORPORATION  
INDUSTRIAL INJURIES COMPENSATION FUND**

**EMPLOYER REGISTRATION**

Name of Employer: .....

Business Name if Different From Above: .....

Type of Organisation (Sole trader, Partnership, Limited Liability Company, Voluntary Organisation, Mission Etc.)  
.....

Type of Registration: .....(Voluntary, Mandatory etc.)

Business Address:  
.....  
.....  
.....

Nature of Business:.....  
.....

Telephone Numbers:.....

Date of establishment: .....

Contribution rate: 1% of total earnings

Number of Employees:( ) in words: .....

Total Annual Pay (D.....) in words: .....

I hereby certify that:

- (a) The information given above is accurate and true
- (b) I have completed and submitted workmen's registration Form(s) in respect of all my/our workmen.

Signature of employer: .....

Date:..... Full Name:.....

Designation:.....

FOR OFFICIAL USE ONLY	
Registration No./ Account no.	
Number of workers	
Classification	
Date admitted	