



REPUBLIC OF THE GAMBIA
 SOCIAL SECURITY & HOUSING FINANCE CORPORATION
 SOCIAL SECURITY FUND

EMPLOYER REGISTRATION

Fund Proposed:

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:

Telephone No:

Nature of Business:.....

Date of Establishment:.....

Type of Scheme Operated:
 (a) Provident Fund, (b) Pension Scheme
 © None

If answer to above is either (a) or (b)
 state contribution rate Employer:.....% Employee:.....%

Number of Employees:() in words:

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

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

I hereby certify that:

- (a) The information given above is accurate and true
- (b) I have completed and submitted employee registration Form(s) and
- © I understand the provisions of the Social security and Housing Finance Corporation act 1981 and the regulations relating thereto.

Signature of employer:

Date: Full Name:

Designation:

If the contributions, either by employees or by the employer, are to be varied as a consequence of the introduction of the NATIONAL PROVIDENT FUND then a copy of the documents establishing the scheme would be required.