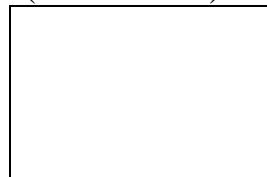




Form **SS1**

(2 PHOTOS)



**SOCIAL SECURITY AND HOUSING FINANCE CORPORATION
FEDERATED PENSION SCHEME**

REGISTRATION OF EMPLOYEE

EMPLOYER:.....

NAME OF EMPLOYEE:

SEX: SOCIAL SECURITY No:

POSITION:

DATE OF BIRTH: (Birth certificate or other
officially recognized documentary evidences of birth to attached)

MARITAL STATUS:
(Marriage Certificate to be attached if married).

DATE EMPLOYED:

SCHEME MEMBERSHIP TO COMMENCE FROM:

PREVIOUS SERVICE WITH (a) Civil Service:
(State what period)

(b) Any Federated Pension Scheme Employer:

(c) Any National Provident Fund Member Employer:

.....

ANNUAL SALARY:

INCREMENTAL DATE:

EMPLOYER'S SIGNATURE:

POSITION:

DATE:

**TO: THE MANAGING DIRECTOR
SOCIAL SECURITY AND HOUSING
FINANCE CORPORATION**



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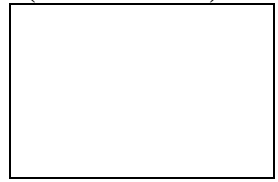
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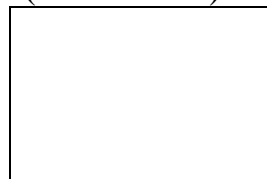
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