



FORM # : .....

SERIAL # : .....

APPLICATION FOR SOCIAL SECURITY AND INJURIES  
**COMPENSATION FUND CLEARANCE CERTIFICATE**  
**PART 1**

1. NAME OF COMPANY/ESTABLISHMENT:.....  
SS/ICF EMPLOYER No:.....
2. ADDRESS:..... TEL No:.....
3. (i) NATURE OF BUSINESS:.....  
(ii) DATE OF ESTABLISHMENT:.....
4. PURPOSE FOR WHICH APPLICATION IS MADE: UNDERLINE AS APPROPRIATE
  - (i) BUSINESS REGISTRATION\*-9
  - (ii) RENEWAL OF OPERATING LICENCE (TOURIST)
  - (iii) CLEARING OF GOODS FROM CUSTOMS
  - (iv) RENEWAL OF BUSINESS REGISTRATION CERTIFICATE
  - (v) AWARD OF GOVERNMENT CONTRACTS
5. DATE OF REGISTRATION WITH
  - (i) SOCIAL SECURITY FUND:.....
  - (ii) INJURIES COMPENSATION FUND:.....
6. TOTAL NO. OF EMPLOYEES:.....No. ABOVE 60 YEARS:.....
7. ANY PENDING REGISTRATION ISSUES: YES/NO
8. IF YES, GIVE DETAILS:.....

**PART 2**

9. MONTH CONTRIBUTION LAST PAID:.....
10. ANY OUTSTANDING CONTRIBUTION: YES/NO
11. IF YES, GIVE DETAILS:.....
12. DECLARATION: I.....HEREBY DECLARE THAT THIS  
APPLICATION IS MADE (I) ON MY OWN BEHALY  
(ii) ON BEHALF OF .....  
AND THE ABOVE FACTS ARE TRUE.

SIGNATURE:.....  
NAME IN FULL:.....  
DESIGNATION:.....  
DATE:.....

TO: MANAGING DIRECTOR  
S.S.H.F.C  
BANJUL

APPLICATION DATE:.....

DATE RECEIVED:.....

OFFICIAL USE ONLY

14. OBSERVATION:

(i) FUND MANAGER DOCUMENTATION:.....

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(ii) FUND MANAGER CONTRIBUTION:.....

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(iii) SFMDP :.....

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RECOMMENDATION:.....

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DIRECTOR OF RESEARCH AND POLICY PLANNING

APPROVED:.....

NOT APPROVED:.....

SIGNATURE:.....  
MANAGING DIRECTOR

DATE:.....

**NOTE:** PLEASE NOTE THAT CERTIFICATES ARE ISSUED FREE OF CHARGE AND ATTESTATIONS ATTRACT A NOMINAL PROCESSING FEE OF D50.