

7.0 WHERE TO FIND US

Head Office

32 Walpole Street, Freetown
Tel: +232 22 290560 /225365
Email: publicaffairs@nassit.org.sl
Website: www.nassit.org.sl

Regional Office, West

Formerly Parcel Post Building
Wallace-Johnson Street
Email: westregion@nassit.org.sl

Regional Office, East

83 Maxwell Khobe Street,
Kenema
Email: eastregion@nassit.org.sl

Regional Office, North

8 Makama Road, Makeni
Email: northregion@nassit.org.sl

Regional Office, South

2 Lyon Street, Bo
Email: southregion@nassit.org.sl

NASSIT Hotlines	
West Region, Freetown	811
West West Office, Freetown	812
West East Office, Freetown	813
Kono Sub-Office	814
South Regional Office, Bo	815
East Regional Office, Kenema	816
North Regional Office, Makeni	817



Table Of Contents

1.0 Introduction	3
1.1 What Is My NASSIT Companion?	3
1.2 What Is NASSIT About?	3
1.3 Is The NASSIT Scheme Mandatory?	3
1.4 Who Is An Employer?	3
1.5 Who Is An Employee/Worker?	4
1.6 Coverage Of Employees	4
2.0 Registration	5
2.1 Who Is To Be Registered?	5
2.2 Registration Obligations Of Employers	5
2.3 The Role of the Employer In The Registration Of The Employee/Worker	6
2.4 How Does An Employer Know That An Employee Has Never Registered?	7
2.5 What Happens If An Employee Is Not Sure Of Being Registered With NASSIT?	7
2.6 What Are The Relevant Documents For Registration?	8
2.7 Can An Employee Change/Update His/Her Record With NASSIT After Registration?	8
3.0 Contributions Deductions And Payments	9
3.1 Contributions Obligations Of Employers	9
3.2 How Should Contributions Payments Be Made?	10
4.0 Benefits	12
4.1 What Are The Different Types Of Benefits?	12
4.2 Employer's Obligation In Processing Of Benefits	12
4.3 Qualifying Conditions And Required Document To Access Benefits	13
5.0 Penalties For Non-Compliance	14
6.0 NASSIT Forms	15
7.0 Where To Find Us	32



Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 of 2001

FORM SS7

Authority to receive the Amount of Benefit on behalf of Claimant

IMPORTANT
When completed, this form must be stamped as Power of Attorney under the Stamp Duties Ordinance.

Photo of Authorised Person

For Official Use Only

Cheque No. _____

Date of Cheque _____

Social Security Number

TO WHOM IT MAY CONCERN

I, the undersigned being the person entitled to receive benefit or a refund of contributions on the described Account do hereby authorised,

Mr/Mrs/Ms _____

whose signature and thumb impression are hereunder affixed to receive on my behalf the sum due me for which the receipt of the above named person shall be a proper discharge.

As witnesss this _____ Day of _____

Signed in the presence of _____

Address _____

Status or Title _____

Thumb Print of Claimant

R
T
P

R
T
P

Name and Signature of Entitled Person

Name and Signature of Authorised Person

When the person given the authority cannot read and write english, the following certificate should also signed

I certify that this authority, before being signed by the said _____

has been first audibly, clearly and distinctly read over and explained to him/her in my presence and hearing, when the said person appeared perfectly to understand same and made his/her mark hereto

Signature of Witness _____

This form be signed in the presence any of the following;

1) A Magistrate

2) A Justice of the Peace

3) An Officer in Charge of a Police District

4) A Senior Civil/Public Servant

5) A Registered Medical Practitioner

6) An Advocate or Solicitor

7) Employer

8) A Consul or Officer of no less status outside Sierra Leone

9) Local Authority

10) Religious Leader



Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 (2001)

FORM SS6B

To the Director General
National Social Security and Insurance Trust
NASSIT HOUSE
32 Walpole Street Freetown
Private Mail Bag 224
Hotlines: 811/812/813/814/815/816/817

Cheque No:.....

Date:.....

Regional Office:.....

Acknowledgement of Receipt of Benefit Payment

Received the sum of.....Leones

Le..... Cents (c.....)

being the Amount in respect of.....benefit

Name of Member.....

Signature of Member.....

Right Hand Thumb Print of Payee

Name of Payee.....

Signature of Payee.....

EXEMPT

FROM

STAMP DUTY

Member's Registration Number:.....

.....
Name

For use in Director General's Office Only

The Above amount was authorised by.....

on the

.....
Name and Signature of Officer

1.0 INTRODUCTION

1.1 WHAT IS MY NASSIT COMPANION?

MY NASSIT COMPANION is a step by step guide for employers on their obligations regarding the operations of NASSIT as enshrined in the NASSIT Act. No. 5 of 2001.

1.2 WHAT IS NASSIT ABOUT?

NASSIT is a statutory organisation charged with the responsibility of administering Sierra Leone's social security scheme. It is a social insurance scheme under which members contribute monthly and receive benefit as and when a contingency (Retirement, Invalidity or Death) occurs.

1.3 IS THE NASSIT SCHEME MANDATORY?

YES. It is mandatory for all employers and employees in Sierra Leone. The monthly contribution of an employee is 5% of his/her monthly earnings plus 10% of the employee's earnings paid by employer on behalf of the employee.

However, self-employed persons can join the Scheme on a voluntary basis, in which case, the individual pays the total of 15% of his/her declared earning as Social Security Contributions.

1.4 WHO IS AN EMPLOYER?

An employer is:

- The owner of an Establishment

- A person who has the ultimate control over the affairs of an establishment
- A Manager, Managing Director, Managing Agent or Direct Agent to whom the affairs of an Establishment have been entrusted;

In other words, the person with whom the worker entered into a Contract of Service or Apprenticeship and who is responsible for paying of his/her emoluments.

1.5 WHO IS AN EMPLOYEE/WORKER?

An employee is a person who is employed in ANY KIND OF WORK, and who receives his/her remuneration directly or indirectly, from the employer.

1.6 COVERAGE OF EMPLOYEES

The following employees are covered:

- All workers, whether permanent, temporary, seasonal, casual, probational or provisional, who are below 60 years.
- Domestic service in a private home is covered by social security. "Domestic service" means work normally performed as an essential part of household duties. This includes: baby-sitters, drivers of family cars, cooks, gardeners, maids, watchmen, etc.
- A Sierra Leonean who is an employee of a foreign government or international organisation



Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 (2001)

FORM SS5C

National Social Security and Insurance Trust

NASSIT HOUSE
32 Walpole Street Freetown
Private Mail Bag 224
Hotlines: 811/812/813/814/815/816/817

To the Director General
National Social Security and Insurance Trust
NASSIT HOUSE
32 Walpole Street Freetown

Reporting Death of a Member

I

Relationship to Deceased

do report the death of Dr/Mr/Mrs/Ms

whose death occurred at on

His/Her last place of work/ Occupation

Attached please find his/her Social Security Card

No. and evidence of death

Address of person reporting

Telephone Number:

Signature

Date



L
T
P



R
T
P

Name



Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 (2001)

FORM SS5B

To the Director General
National Social Security and Insurance Trust
NASSIT HOUSE
32 Walpole Street Freetown
Private Mail Bag 224
Hotlines: 811/812/813/814/815/816/817

Photo of
Claimant

Application for Payment of Survivor's Benefit

Name of Deceased Member	Surname	First name	
	Middle name	Social Security Number	
Name of Claimant	Surname	First name	
	Middle name	Sex	M F
Permanent Address			
Current Address (If different from above)			Telephone number
Name of Claimant's Father	Surname	First name	
	Middle name		
Name of Claimant's Mother	Surname	First name	
	Middle name		

Declaration: I, the undersigned being the person to receive the whole or part of the **Pension/Benefit** hereby declare that I am a dependant of the deceased by virtue of being his/her.....

I further declare that the foregoing facts as stated, are within my personal knowledge and believe same to be true

.....
Signature of Claimant



L
T
P



R
T
P

.....
Name

Declared at.....this day.....of 20.....

Witness.....

Signature.....

2.0 REGISTRATION

2.1 WHO IS TO BE REGISTERED?

- Any employee who has never completed the SS1A Form.

2.2 REGISTRATION OBLIGATIONS OF EMPLOYERS

All employers are obliged to undertake the following regarding registration:

- Register their establishment with NASSIT within **30 days** after the commencement of operations.
- Register all employees with NASSIT within **1 month** of employment, **UNLESS** the employee is already a member of the Scheme and has a social security number.
- The employer shall NOT transfer or use the social security number of one worker for another.
- The Employer is required to notify the Director General within **10 days** about a change of business location, address and business name.
- The Employer shall notify the Director General within **30 days** when a worker ceases to be employed by him/her and when the establishment ceases to operate.
- On liquidation/cessation, the Employer shall submit names and Social Security Numbers of the workers, salaries and deduction of contributions of the employees in relation to

the establishment to the Registrar General/ Corporate Affairs Commission.

7. The Employer shall give notice in writing to the Director General of the submission of such information within **10 days** after submitting the information to the Registrar General/Corporate Affairs Commission.

2.3 THE ROLE OF THE EMPLOYER IN THE REGISTRATION OF THE EMPLOYEE/WORKER

- Issue an SS1A Form to the employee.
- Supervise the employee to correctly complete the SS1A Form.
- The employee information on the Employer's record or employee's personal file **MUST** be the same with that on the SS1A Form.
- Employer **MUST** pay keen attention to the date of birth and name of employee.
- The completed SS1A Form **MUST** be endorsed by the employer.
- The completed SS1A Form **MUST** be returned to NASSIT with all its relevant supporting documents.

Please note that the employer shares liability with the employee in the event of any false declaration on the SS1A Form.

D. Family Information Up-date

I hereby nominate the person(s) listed below to receive my benefit in the event of my death.

Name of Dependant(s) / Spouse	Date of Birth	Age	Sex	Relationship	SS No. (If any)	Permanent Address

NB: Use extra sheet if necessary

E. Additional Information

Period of previous payment (if any)

Amount: Le District Office:

Establishment Names: E R No.:

NB: I hereby submit copies of the following:

1. Birth Certificate ☐
2. Marriage Certificate ☐
3. DeePoll/Part 2 Order ☐
4. Divorce Certificate ☐

L
T
P

R
T
P

.....
Name

Signature of Applicant: Date:

F. Employer Application (Optional)

I hereby certify that the applicant is my employee and ceased / will cease to be employed by me with effect from (day/month/year).....

Name and Address of last / Current Employer:

..... E R Number:

Signature and Seal or
Stamp of Employer or
Self-Employed

Date

FOR OFFICE USE

Status of Establishment

- a) Active ☐ b) In-Active ☐ c) Closed ☐

.....
Name of identification Officer

.....
Signature of identification Officer



Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 (2001)

FORM SS5A

To the Director General
National Social Security and Insurance Trust
NASSIT HOUSE
32 Walpole Street Freetown
Private Mail Bag 224
Hotlines: 811/812/813/814/815/816/817

Photo of
Claimant

Application for Payment of Retirement and Invalidity Benefit

IMPORTANT

Any person who makes a false statement or representation or produces or furnishes or causes to be furnished any information which he/she knows to be false in a material particular is guilty of an offense under the Social Security Act No. 5 (2001).

A. Particulars of Application (Old Age/Invalidity)

Applicant's SS No.	Date Joined Scheme			Date of Birth			Date of Claim		
	Day	Month	Year	Day	Month	Year	Day	Month	Year

Nationality: Passport No./:.....

Permanent Address:

Location: Tel./fax No.

	Surname	First Name	Other Names
Applicant's Full Name			
Previous/Maiden Name			
Father's Name			
Mother's Name			
Marital Status			

B. Conditions of Application

The condition under which I claim payment of Benefit is marked **X** below

a) I have attained the age of b) have contributed for months.
I am a permanent invalid and attach Medical Certificate to that effect.

C. Payment Instructions

I instruct that my Benefit be paid to:

Name of Bank: Branch/Town

Account No.

Region

2.4 HOW DOES AN EMPLOYER KNOW THAT AN EMPLOYEE HAS NEVER REGISTERED?

Ask the following question:
Have you registered with NASSIT?

- If No, then issue the SS1A Form to the employee for completion
- If Yes, request for the social security number of the employee to be included in the Contribution Schedule of your establishment.

Encourage the employee to complete a JOB HISTORY FORM obtained from NASSIT.

JOB HISTORY FORM				
Member's Name		Sign	Date	Tel.
Social Security Number				
Current Address				
Employer's Name	Address	Member's Staff No/Payroll No.	Date of Employment (since 01/01/2002)	Date Employment Ceased
1st				
2nd				
3rd				
4th				
FOR OFFICIAL USE ONLY				
INSPECTOR		Sign	Date	
Data Entry				
Invalid No. Corrected by		Sign	Date	
Data Control		Sign	Date	
Supervisor's Commet				
Supervisor's Sign		Date		

2.5 WHAT HAPPENS IF AN EMPLOYEE IS NOT SURE OF BEING REGISTERED WITH NASSIT?

- Ask employee for any previous employment
- Confirm with NASSIT if such employee is in the database.
- If NASSIT confirms that the employee is not in the database then register the said employee
- If the employee is in the NASSIT database, request for his/her SS Number

2.6 WHAT ARE THE RELEVANT DOCUMENTS FOR REGISTRATION?

- **Marriage Certificate** – if you indicate that you are married on your SS1A Form, you must submit a photocopy of your marriage certificate.
- **Affidavit in lieu of Marriage** – for marriages contracted before 2009.
- **Divorce Certificate** - if you indicate that you are divorced on your SS1A Form, you must submit a photocopy of your divorced certificate.
- **Birth Certificate of employee** – employee must provide a birth certificate as evidence of his/her date and place of birth.
- **Birth Certificate of Dependent(s)** – if you indicate on your SS1A Form that you have dependent children (under the age 23) you must submit a photocopy of every dependent child's birth certificate.

Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 (2001)

FORM SS 4A



Advice of Payment of Contributions

Name of Employer..... ER No.

Address.....

Tel: Email: SS No.
(For Voluntary Contributors Only)

PAYMENT INFORMATION

Indicate the month(s) for which payment relate(s)

Month	Year	No. of Employees	Amount Le	C
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Interest				
Penalty				
Total				

MODE OF PAYMENT

☐ *Cheque* ☐ *Cash* ☐ *Transfer*
☐ *Others*

1. Cheque No.....
Cheque Date.....
Bank/Branch.....

2. Cheque No.....
Cheque Date.....
Bank/Branch.....

3. Others.....

Contribution Report

☐ *Electronics*
☐ *Pre-print*
☐ *Manual*

Employer's Signature

OFFICIAL USE ONLY

I certify that the **amount** has been verified on the Pay-In-Slip

OFFICIAL RECEIPT NO.

DAY **MONTH** **YEAR**

N.B. This form should be forwarded immediately to the **Director General** attached to either

- The duplicate copy of the Pay-In-Slip
- The duplicate copy of the Official Receipt or
- The remittance

Official's Signature

Frequency of Payment

a) Monthly b) Quarterly
c) Half Yearly d) Yearly

Coverable / Effective Date of Contribution

- a) I am currently Self-Employed
b) I shall abide by all Rules and Regulations pertaining to my membership
c) All information hereby given by me is accurate and true

Name

Signature of Applicant Date

Thumb Print of Applicant

Left Thumb Print

Right Thumb Print

.....
Name

2.7 CAN AN EMPLOYEE CHANGE/UPATE HIS/HER RECORD WITH NASSIT AFTER REGISTRATION?

YES. Changes in an employee's record should be reported immediately by completing an SS1C Form (Member's Update Form). The completed SS1C Form must be submitted to the nearest NASSIT Office with photocopies of all relevant documents. Members can also do an update of their dependent(s) on the SS5A Form at the time of benefit application and this is the LAST UPDATE for a member.

- **Marriage Certificate** – if your marital status changes from single to married.
- **Divorce Certificate** - if your marital status changes from married to divorced.
- **Birth Certificate of Dependent(s)** – employee must provide birth certificates of all new dependent children.
- **Deed Poll** – an affidavit must be provided for any change of name(s) of applicant or dependents.

3.0 CONTRIBUTIONS DEDUCTIONS AND PAYMENTS

The NASSIT Scheme is contributory: it is financed from contributions from employers and employees, and self-employed persons. However, the responsibility for the payment of contributions lies on the employer who must ensure that their employees are contributed for at the end of every month.

3.1 CONTRIBUTIONS OBLIGATIONS OF EMPLOYERS

1. Deduct 5% from the employees' monthly income, add 10% of the said income on behalf of the employee and remit the total 15% to NASSIT within 15 days after the end of the month.
2. The minimum contribution expected from an employer on behalf of an employee to NASSIT is 15% of the approved monthly equivalent of the national minimum wage.
3. Where a worker is concurrently employed (i.e. by more than one employer), each employer shall be responsible for ONLY that employer's obligation.
4. The Employer shall, upon request by NASSIT, produce documents relating to appointment, attendance, wages and contributions of employees
5. A list of workers indicating their Social Security Numbers, Salaries, NASSIT contributions deducted (known as monthly Contributions Schedule), must be submitted by the end of the month for validation, whether contributions are remitted to the Trust or not.
6. Every employer must accompany each payment with the validated Contribution Schedule.
7. Every Employer must allow periodic Inspection of Establishment by a NASSIT staff.



Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 (2001)

FORM SS3

Application for Membership
(Self-Employed)

Surname.....Firstname

Other name..... Maiden name.....

Social Security Number(if any)

Postal Address.....

Telephone Email

Residential Address.....

Country of Residence.....

Names and Location of previous Employer(s) if any:

a).....
..... From: To:

b).....
..... From: To:

c).....
..... From: To:

Occupation

Declared Annual Income: Le.....



Head Office
Reg. No.

Ref. No.

Date _____

Please be informed that the employer stated below has suspended or ceased operations.

Suspension ☐

Cessation ☐[illegible]

Please adjust your records accordingly

Name and Signature

An Excel sheet comprising the following should be forwarded to NASSIT at the end of every month. This Excel sheet (also known as Contribution Schedule), must have the following information:

- The Employer or Business Name, Establishment Registration Number (ER No.), Month and Year for which payment is made.
- Full names of Employees, Social Security Numbers, Salaries, Employees' 5%, Employer's 10%, Employees' Staff Numbers (provided the staff numbers are not recycled).
- Total Contribution i.e. 15%.

Please note the following:

- a) The Contribution Schedule should be clear and readable at all times.
- b) Don't use initials.
- c) Where there are more than 50 Employees, the Employer is encouraged to submit a softcopy or electronic copy of the Contributions Schedule.

In case of any difficulty while completing the Form please consult NASSIT.

Note: Any employee whose Social Security Number is not quoted correctly on the Contribution Schedule, will not have his/her contribution credited for that period. See tabular format:

Name of Employer.....
ER Number.....
Payment Period.....
Address of Employer.....

No	Surname	First Name	Other Name(s)	SS Number	Basic Salary (Le)	10% (Le)	5% (Le)	15% (Le)
1.	Blanko	Zinzler	Brown	S092318402 5121007	750,000	75,000	32,500	107,500

4.0 BENEFITS

Members of the Scheme are entitled to a package of benefits, as prescribed by the NASSIT Act No.5 of 2001, in the event of Old Age, Invalidity or Death. Essentially NASSIT provides partial replacement of lost income on account of the above-mentioned contingencies.

4.1 WHAT ARE THE DIFFERENT TYPES OF BENEFITS?

The Scheme provides cash benefits to its contributors/members in respect of:

- Old Age Gratuity and Old Age Pension
- Reduced or Early Retirement Pension
- Retirement Grant



Head Office
Reg. No. _____

Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 of 2001

Employer's Registration Update Form

FORM SS 2B

ER. NO. _____

Previous Name and Address
.....

New Name and Address of Business
.....

Title of Person to be Contacted
.....

Postal Address of Employer
.....

Telephone Number

Any Special direction to Premises/Actual Location
.....

Nearest Social Security Office

Name and Address of Head Office
.....

Employer's Economic Activity (Description).....

Number of Workers ()

Estimated Annual Pay ()

Date of Commencement

Date Coverable by the Social Security Act No.5 of 2001

I hereby certify that:
a) The information given above is accurate and true.
b) I have completed and submitted Workers' Registration Forms in respect of all my Employees
c) I understand the provisions of NASSIT Act and Regulations relating to the prompt payment of full contribution and will comply accordingly.

Date 20.....

Name and Signature of Employer or his Authorised Agent

FOR OFFICIAL USE ONLY

Classification	
Inspection Code	
Coverable Date	
Location	
Head Office No.	
No. of Workers	
Prov. Cont. Levels	
Economic Activity	



**Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 of 2001**

Employer's Registration Form

FORM SS 2A

ER. NO. _____

Name of Establishment/Employer

Title of Person to be contacted about Social Security

Postal Address of Establishment/Employer

Telephone Number

Name and Address of Head Office of Establishment

Name of Director/Authority 1:

Name of Director/Authority 2:

Telephone Number

Nearest Social Security Office

FOR OFFICIAL USE ONLY	
Classification	
Inspection Code	
Coverable Date	
Location	
Head Office No.	
No. of Workers	
Prov. Cont. Levels	
Economic Activity	

Employer's Economic Activity (Description)

Number of Workers ()

Estimated Annual Pay ()

Date of Commencement

Date Coverable by the Social Security Act No.5 of 2001

I hereby certify that:

a) The information given above is accurate and true.

b) I have completed and submitted Workers' Registration Forms in respect of all my Employees

c) I understand the provisions of the NASSIT Act and Regulations relating to the payment of contribution promptly and full and will contribute accordingly.

Date 20.....

Name and Signature of Employer or his Authorised Agent

- Invalidity Pension
- Invalidity Grant
- Survivors' Pension
- Survivors' Grant

4.2 EMPLOYER'S OBLIGATION IN PROCESSING OF BENEFITS

- Notify the Trust on the onset of a contingency of an employee.
- Endorse the various application forms to enhance the processing.
- Be available to provide information to NASSIT.

4.3 DOCUMENTS REQUIRED TO ACCESS BENEFITS

1. Documents Required To Claim Retirement Benefits

- Retirement Letter from employer or Notification Letter from member
- Copy of Social Security/NASSIT Card
- Completed Application Form for Old Age (SS5A Form)
- Record of Service stating Date of Employment (For Public Sector workers)
- Completed Validation Form Endorsed By The Appropriate Authority (For Public Sector Workers)
- One Recent Passport-Sized Photo

- Membership Update Form (SS1C Form), If Applicable
- Completed Authority Form (SS7A Form), If Applicable

2. Documents Required To Claim Survivors Benefits

- Death Certificate/Burial Permit/Obituary Notice
- Letter from employer or Notification Letter from family
- Copy of Social Security/NASSIT Card
- Completed Application Form for Survivors Benefits (SS5B Form)
- Death Reporting Form (SS5C Form)
- Record of Service stating Date of Employment (For Public Sector workers)
- Completed Validation Form Endorsed By The Appropriate Authority (For Public Sector Workers)
- One Recent Passport-Sized Photo For Each Beneficiary
- Completed Authority Form (SS7A Form) if any
- Evidence of Schooling For Dependent Children Above 18 years
- Marriage Certificate or Affidavit in lieu of Certificate
- Birth Certificate

3. Documents Required To Claim Invalidity Benefits

- Retirement Letter on Medical Grounds
- Copy of Social Security/NASSIT Card
- Completed Application Form for Invalidity (SS5A Form)
- Report From Claimant's Medical Doctor
- Record of Service stating Date of Employment (For Public Sector workers)
- Completed Validation Form Endorsed By The Appropriate Authority (For Public Sector Workers)
- One Recent Passport-Sized Photo
- Completed Authority Form (SS7A Form), If Applicable

SECTION C

.....
Signature of Member

.....
Date of Completion



L
T
P



R
T
P

.....
Name

SECTION D

Qualified Witness

Either of these are qualified to witness the completion of this form:-

1. Employer or his Representative
2. Senior Public or Civil Servant
3. Lawyer/Magistrate/Judge
4. Local Authority
5. Religious Leader

I CERTIFY THAT:

1. Completion of this form was supervised by me.
2. The Thumb Print, Name and Signature on the Form are those of the Member.

Name of Witness.....

Title of Witness.....

Address of Witness.....

Signature of Witness.....

COPIES

- | | | | |
|---------------------------|--------------------------|-------------------------|--------------------------|
| 1. Birth Certificate | ☐ | 2. Marriage Certificate | ☐ |
| 3. Deed Poll/Part 2 Order | ☐ | 4. Divorce Certificate | ☐ |

FOR NASSIT OFFICE ONLY

Regional Office Code..... Ref Code.....

Receipt No..... Date.....

FOR NASSIT RECORDS OFFICE ONLY

Investigator's Comments

Investigator's Name & Signature



Tick where applicable & fill in block letters

Social Security Number

[illegible]

Telephone Number

Email

[illegible]

Witness to complete Section D

Member's Name		Surname						First name	
		Middle name							
Previous Name or Maiden Name		Surname						First name	
		Middle name							
Contact Address	Residential								
	Permanent								
Employer/Establishment (Include former, if any)									
Marital Status		Single ☐	Married ☐	Separated ☐	Divorced ☐	Widowed ☐	Sex M ☐ F ☐		
Occupation									

Name of Dependant(s)	Date of Birth	Age	Sex	Relationship	SS No. (If any)	Permanent Address

Please note that you are liable to **prosecution** in the event of any false declaration

- Any Employer who fails to pay workers' contributions within the prescribed period shall attract interest, equivalent to the 90-day Treasury Bill Rate plus twenty per centum of that rate compounded on a monthly basis.
- The Director General shall serve a demand note on the defaulting employer, and if payment of the contribution and interest is not made within 30 days after the service of the demand note, a further ten per centum of the 90-day Treasury Bill rate of the total outstanding shall be charged as penalty for each month of default.
- The Director General shall cause legal proceedings to be taken to collect or recover the contribution together with interest and penalty and criminal proceedings to be instituted against the defaulting employer.

In this section, samples of the relevant NASSIT Forms are displayed for identification and proper understanding.
(SS1A, SS1C, SS2A, SS2B, SS2C, SS3, SS4, SS5A, SS5B, SS5C, SS6, SS7).



Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 of 2001

FORM SS1A



R
T
P

Member's Registration Form

Serial Number

Employee No./Pin Code

Please note you are liable to **prosecution** in the event of any **false declaration** under the NASSIT Act No.5 of 2001

Member's Name	Surname	First name
	Middle name	
Previous or Maiden Name	Surname	First name
	Middle name	
Permanent Address		
Current Address		
Marital Status	Single ☐	Married ☐ Divorced ☐ Widowed ☐ Separated ☐
Nationality	Telephone/Email	
	Sex ☐ M ☐ F	
Place of Birth	Province	District
	Chiefdom	Town
Date of Birth	Day / Month / Year	Date Employed Day / Month / Year
Nature of Income	Income	Occupation/Civil Status
	Daily ☐ Monthly ☐ Other ☐	
Name of Father	Surname	First name
	Middle name	
Name of Mother	Surname	First name
	Middle name	Maiden name
Name of Establishment	E.R. Number	
	Address	
	Telephone/Fax/email	

NATIONAL SOCIAL SECURITY AND INSURANCE TRUST
ACKNOWLEDGEMENT OF RECEIPT OF FORM SS 1A

SERIAL NUMBER

This is to Certify that Mr/Mrs/Ms.....of

.....has duly completed form SS 1A

Name of NASSIT Official

Place of Issue

Signature Date

Important: Keep this slip safely and produce it for photo verification

I hereby declare that the person(s) mentioned below to receive benefits in the event of my death are my dependant(s)

Name of Dependant(s) / Spouse	Date of Birth	Age	Sex	Relationship	SS No. (If any)	Permanent Address

Please note that you are liable to **prosecution** in the event of any **false declaration**

DECLARATION

I Certify that

- I have never been registered as a member of this scheme
- The facts stated above are true and accurate

I Certify that

- Completion of both sides of this form was supervised by me
- The thumb prints and signature are those of the contributor

Signature of Contributor

Name of NASSIT Official

Signature, Stamp and Seal of
Employer / Authorised Agent

Signature of NASSIT Official

- COPIES
1. Birth Certificate
 2. Marriage Certificate
 3. Divorce Certificate
 4. Deed Poll

Date