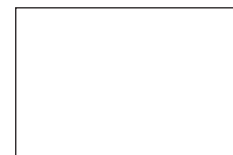




Republic of Sierra Leone
National Social Security and Insurance Trust
Act No.5 of 2001

FORM SS1A

Member's Registration Form



**R
T
P**

Serial Number

Payroll 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	<i>Surname</i>	<i>First name</i>
	<i>Middle name</i>	
Previous or Maiden Name	<i>Surname</i>	<i>First name</i>
	<i>Middle name</i>	
Permanent Address		
Current Address		
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
Nationality	Telephone	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of Birth	<i>Province</i>	<i>District</i>
	<i>Chiefdom</i>	<i>Town</i>
Date of Birth	<i>Day / Month / Year</i>	Date Employed <i>Day / Month / Year</i>
Nature of Income	<i>Income</i>	<i>Occupation/Civil Status</i>
	Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>	
Name of Father	<i>Surname</i>	<i>First name</i>
	<i>Middle name</i>	
Name of Mother	<i>Surname</i>	<i>First name</i>
	<i>Middle name</i>	<i>Maiden name</i>
Name of Establishment	<i>E.R. Number</i>	
	<i>Address</i>	
	<i>Telephone/Fax/email</i>	

**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

Date **Signature**

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 and SS No. (if any)	Date of Birth	Age	Relationship to Member	Permanent / Residential Address

DECLARATION

I Certify that

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

I Certify that

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

.....
Signature of Contributor

.....
Signature, Stamp and Seal of
Employer / Authorised Agent

.....
Signature of NASSIT Official

.....
Name of NASSIT Official

.....
Date

.....