

ER. NO.

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

Employer's Registration Form

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

.....
.....

Telephone Number

Nearest Social Security 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 are accurate and true.
- b) I have completed and submitted Workers' Registration Forms in respect of all my Employees
- c) I understand the provisions of Act and Regulations relating to the payment of contribution promptly and full and will contribute accordingly.

Date 200.....

.....
Signature of Employer or his Authorised Agent

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