



**DOMINICA SOCIAL SECURITY  
APPLICATION FOR REGISTRATION AS A VOLUNTARY CONTRIBUTOR**

**PARTICULARS OF APPLICANT**

Social Security Number: 

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Previous SS Number: 

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(if applicable)

SURNAME:	COUNTRY OF BIRTH:						
MAIDEN NAME (if married)	DATE OF BIRTH: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">DAY</td><td style="width: 20px; text-align: center;">MONTH</td><td style="width: 20px; text-align: center;">YEAR</td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR					
FIRST NAME:	CONTACT NUMBERS:						
OTHER NAMES:	HOME ADDRESS: _____ _____						
SEX:    Male <input type="checkbox"/> Female <input type="checkbox"/>	EMAIL ADDRESS: _____						

MARITAL STATUS: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/>	MAILING ADDRESS: _____ _____ _____
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EDUCATION:	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College/Tertiary <input type="checkbox"/> University <input type="checkbox"/>
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**PARTICULARS OF MOTHER**

FIRST NAME	SURNAME (at Applicant's Date of Birth)
OTHER NAMES	MAIDEN NAME (if married)

**PARTICULARS OF SPOUSE**

FIRST NAME	SURNAME																				
OTHER NAMES	MAIDEN NAME (if applicable)																				
Spouse's SS Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (if applicable)																					

**PARTICULARS OF PREVIOUS EMPLOYMENT IN DOMINICA (if applicable)**

Name of Employer	TENURE		Insurable Earnings
	From	To	

*I certify to the best of my knowledge and belief, that the above information is true. I am aware that providing false information to the Dominica Social Security is a criminal offence and will result in the applicable fines and/or imprisonment.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE AND STAMP

\_\_\_\_\_  
DATE

All applicants must provide their Birth Certificate and Marriage Certificate (if applicable) and some form of pictorial identification.

**VOLUNTARY CONTRIBUTOR APPLICATION/ASSESSMENT FORM**

In accordance with Regulation 8 of the Social Security (Persons Abroad and Voluntary Contributions) (Amendment) Regulations S.R.O. No. 6 of 2014, I hereby apply for registration as a Voluntary Contributor and submit hereunder the following relevant particulars:

**DECLARED EARNINGS**

EARNINGS: \$..... FOR YEAR ENDED 31 DECEMBER .....

**ASSESSMENT** (To be completed with an authorized Social Security Officer)

EFFECTIVE DATE OF VOLUNTARY COVERAGE .....

MONTHLY INCOME \$.....

ANNUAL INSURABLE EARNINGS \$.....

ASSESSED ANNUAL CONTRIBUTION AMOUNT (...% of Annual Insurable Earnings) \$.....

ASSESSED QUARTERLY CONTRIBUTION AMOUNT \$.....

ASSESSED MONTHLY CONTRIBUTION AMOUNT \$.....

**APPLICATION AND ASSESSMENT APPROVAL**

..... INSURED SIGNATURE	..... DATE
..... SOCIAL SECURITY OFFICIAL	..... DATE

Enter initials in every box to show what evidence has been produced and sign and date below after checking. The form and documentary evidence should then be passed to the second checking officer for action.

**DOCUMENTS SEEN:**

ORIGINAL BIRTH CERTIFICATE <input type="checkbox"/>	MARRIAGE CERTIFICATE <input type="checkbox"/>
PASSPORT <input type="checkbox"/>	

**TASKS COMPLETED:**

CARD ISSUED (if applicable) <input type="checkbox"/>	CERTIFICATE ISSUED <input type="checkbox"/>
APPROVAL LETTER ISSUED <input type="checkbox"/>	FILING <input type="checkbox"/>

**1<sup>ST</sup> CHECKING OFFICER**

**2<sup>ND</sup> CHECKING OFFICER**

NAME: .....	NAME: .....
SIGNATURE: .....	SIGNATURE: .....
DATE/TIME: .....	DATE/TIME: .....