



**DOMINICA SOCIAL SECURITY
APPLICATION FOR REGISTRATION AS SELF-EMPLOYED**

PARTICULARS OF APPLICANT

Social Security Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Previous SS Number:

--	--	--	--	--	--

(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; height: 20px; text-align: center;">DAY</td><td style="width: 20px; height: 20px; text-align: center;">MONTH</td><td style="width: 20px; height: 20px; text-align: center;">YEAR</td></tr></table>	DAY	MONTH	YEAR
DAY	MONTH	YEAR		
FIRST NAME:	CONTACT NUMBERS:			
OTHER NAMES:	MAILING ADDRESS: _____			
SEX: Male Female	_____			

MARITAL STATUS:	Married	Divorced	Common-law
	Single	Separated	Widow/Widower

EDUCATION:	Primary	Secondary	College/Tertiary	University
------------	---------	-----------	------------------	------------

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: (if applicable)	<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></tr></table>															

PARTICULARS OF EMPLOYMENT

OCCUPATION	SALARY/WAGES
COMMENCEMENT DATE OF BUSINESS:	WAGE FREQUENCY Monthly Bi-Weekly Weekly

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.

NAME OF BUSINESS _____ BUSINESS TELEPHONE NUMBER _____ BUSINESS--ADDRESS _____

APPLICANT SIGNATURE AND STAMP _____ WITNESS SIGNATURE _____
DATE: _____ DATE: _____

All applicants must provide their Birth Certificate and Marriage Certificate (if applicable). Non-nationals must provide their passport and work permit in addition to the other criteria herewith

SELF-EMPLOYED APPLICATION/ASSESSMENT FORM

In accordance with Regulation 4 of the Social Security (Self-Employed Persons) Regulations S.R.O. No. 48 of 1988 I hereby apply for registration as a self-employed person and submit hereunder the following relevant particulars:

DECLARED EARNINGS

EARNINGS \$ _____ FOR YEAR ENDED 31ST DECEMBER _____

DETAILS OF EARNINGS

ECONOMIC ACTIVITY

BUSINESS DETAIL

ASSESSMENT

To be completed with an authorized Social Security Officer

ANNUAL INSURABLE EARNINGS FOR YEAR ENDED 31ST DECEMBER _____ EARNINGS \$ _____

ASSESSED ANNUAL CONTRIBUTION RATE (7% of Annual Insurable Earnings) \$ _____

ASSESSED QUARTERLY CONTRIBUTION RATE \$ _____

APPLICATION AND ASSESSMENT APPROVAL

WITNESS SIGNATURE

DATE: _____

INSURED SIGNATURE

DATE: _____

WITNESS SIGNATURE

DATE: _____

SOCIAL SECURITY OFFICIAL

DATE: _____