



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

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 style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 30px; text-align: center;">DAY</td><td style="border: 1px solid black; width: 30px; text-align: center;">MONTH</td><td style="border: 1px solid black; width: 30px; text-align: center;">YEAR</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 <i>(at Applicant's Date of Birth)</i>
OTHER NAMES	MAIDEN NAME <i>(if married)</i>

PARTICULARS OF SPOUSE

FIRST NAME	SURNAME																			
OTHER NAMES	MAIDEN NAME <i>(if applicable)</i>																			
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></tr></table> (if applicable)																				

PARTICULARS OF EMPLOYMENT

NAME OF BUSINESS:	OCCUPATION:
BUSINESS ADDRESS: _____ _____ _____	COMMENCEMENT DATE OF EMPLOYMENT:
BUSINESS TEL. NO. _____	SALARY/WAGES (W/F/M) _____

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: _____

WITNESS SIGNATURE

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.

1988 SOCIAL SECURITY S.R.O 48
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 31 DECEMBER

ECONOMIC ACTIVITY

(To be selected from list)

ASSESSMENT

(To be completed with an authorized Social Security Officer)

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

MARRIAGE CERTIFICATE

PASSPORT

WORK PERMIT

OLD APPLICATION FORM

COMPANY'S CERTIFICATE

COMPLETED

CARD ISSUED

FILING

CROSS REFERENCING

LINKING

1ST CHECKING OFFICER

2ND CHECKING OFFICER

NAME:

NAME:

SIGNATURE:

SIGNATURE:

DATE/TIME:

DATE/TIME: