



APPLICATION FOR REGISTRATION AS AN EMPLOYER

REGISTRATION No.

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Name of Firm or Business: _____

Employer(s) Name(s) (if different): _____

Address of Firm or Business: _____

Other contact Address: _____

Telephone Number: _____

Nature of Business: _____

Tick Type of Business:

Sole Proprietor:

Partnership:

Company:

Number of Employees to be insured:

Male Female Total

| | | |
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Please note the following:

- 1. If the Business is a **Partnership**, please ensure that the names and signatures of the Partners are duly written on the form. Also bring along the registered Business Name certificate.*
- 2. If the Business is a registered **Company** please bring along the original copy of the Certificate of Incorporation, Articles of Incorporation, Notice of Directors and Notice of Registered Office for our verification.*

| Name of Employee in Full | Start Date of Employment | Social Security Number | Wage Paid | | | |
|--------------------------|--------------------------|------------------------|-----------|--------------------------|-----------|--------|
| | | | Amount | (Tick Payment Frequency) | | |
| | | | | Monthly | Bi-Weekly | Weekly |
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I/We Certify that the information above is correct.

Name

Signature

Date

Name

Signature

Date