



**FOR OFFICIAL USE ONLY**

I ..... certify that .....  
(Name of Registering Officer) (Name of Applicant)

has been duly approved by the Social Security Board to be a Voluntary Contributor to the Dominica Social Security with effect from .....

His/her annual contribution rate has been established at \$ .....

.....  
Signature of Registering Officer Date

.....  
Signature of Authorized Officer Date

.....  
Designation