

EMPLOYER REGISTRATION NUMBER (FOR OFFICIAL USE ONLY)

IMPORTANT: The employer must submit this form to the nearest office of the National Social Security Fund within 21 days of his becoming liable to register as contributing employer.

Please use **BLOCK CAPITALS** throughout the form.

1. Full name of employer, Department or Authority.

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CEO Surname:

CEO Other Name(s)

Director Surname:

Applicant Surname(s)

Applicant's Designation:

Nationality:

2. Full postal Address.

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Telephone Number..... Fax Number.....

E-mail address:

3. Locality / Physical Address (e.g street and plot number)

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4. Nature of Business

5. On what date did you start the Business?

6. How many employees did you/will you have at the start of business?.....

7. What is the total number of employees now?.....

8. Do you have any employees who are in exempted employment? Yes or No

9. Where is the business carried out if at a different location to the address at Q2?
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10. Give details of the number of employees at other branches in Uganda, as follows:

Full postal address of each branch	Location	Number of employees

11. Do you pay your wages centrally? Yes No

12. If the answer to Q11 is No, do you wish to have separate registration? Yes or No

Certification by the employer

I certify that all the foregoing information is correct.

Signature of employer

..... Date

Name of the signatory (BLOCK CAPITALS)

Employer's official stamp.