



SOCIAL SECURITY BOARD

**(Chapter 44, Laws of Belize)
NOTICE OF *INACTIVE EMPLOYER/CLOSURE OF BUSINESS
(TO BE FILLED IN DUPLICATE)**

Employer's Registration No.

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Business Name: _____

Business Address: _____

Employer's Name: _____

Employer's Address: _____

DATE OF CLOSURE/
INACTIVITY

D	M	Y

DATE ACTIVITY
TO START AGAIN

D	M	Y

NO. OF
EMPLOYEES

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I declare the above information true and correct and that all monies, contribution cards and other records due to the Social Security Board have been remitted.

SIGNATURE OF EMPLOYER OR
REPRESENTATIVE

DATE

PRINTED NAME OF REPRESENTATIVE
IF APPLICABLE

*INACTIVE: Temporary without employees

CLOSED: No longer in existence

REMARKS: _____

SIGNATURE OF BRANCH OFFICER

DATE