

SOCIAL SECURITY BOARD
CHAPTER 44 Laws of Belize
Employer Registration



Employer (Parent / Corporate)	Official Use Only
Employer No:	
Name: _____ House No: _____ Street: _____ City/Town: _____ District: _____ P.O. Box: _____ Email: _____ Contact Name: _____ Post/Job Title: _____ Phone No. _____ Fax No: _____	Co. Reg No: _____ Sales Tax No: _____ Business Tax No: _____ Start Date: _____ Close Date: _____ Ownership Type: Government: { } Sole Proprietor: { } Quasi Government: { } Partnership: { } Foreign Owned: { } Limited Company: { } NGO/Church: { } Cooperative: { } Other(Specify): _____
Businesses / Branches/ Subsidiaries:	Official Use Only
Business No:	
Business Name _____ House No: _____ Street: _____ City/Town: _____ District: _____ P.O. Box _____ Contact Name: _____ Post/Job Title: _____ Industry: _____	Business Operation: Casual { } Full Time { } Contract { } Seasonal { } Operating District: _____ Start Date: _____ Close Date: _____
EMPLOYER DECLARATION	Official Use Only
I certify the information I have given above is true and correct. Name: _____ In Block Letters Signature: _____ Employer or Representative Date: _____	Date Received _____ Received By: _____ Industry Code: _____ DE By: _____ Date: _____ Verified By: _____ Date: _____



CHAPTER 44 Laws of Belize
Business Information

Official use Only
Employer No: _____

Businesses / Branches/ Subsidiaries:	Official Use Only
	Business No: _____

Business Name		Indicate Which One:
House No:		Casual { }
Street:		Full Time { }
City/Town:		Contract { }
District:		Seasonal { }
P.O. Box		
Contact Name:		Operating District _____
Post/Job Title:		Start Date: _____
Industry		Close Date: _____

Businesses / Branches/ Subsidiaries:	Official Use Only
	Business No: _____

Business Name		Indicate Which One:
House No:		Casual { }
Street:		Full Time { }
City/Town:		Contract { }
District:		Seasonal { }
P.O. Box		
Contact Name:		Operating District _____
Post/Job Title:		Start Date: _____
Industry		Close Date: _____

Businesses / Branches/ Subsidiaries:	Official Use Only
	Business No: _____

Business Name		Indicate Which One:
House No:		Casual { }
Street:		Full Time { }
City/Town:		Contract { }
District:		Seasonal { }
P.O. Box		
Contact Name:		Operating District _____
Post/Job Title:		Start Date: _____
Industry		Close Date: _____

EMPLOYER DECLARATION	Official Use Only
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<p>I certify the information I have given above is true and correct.</p> <p>Name: _____ <small style="margin-left: 100px;">In Block Letters</small></p> <p>Signature: _____ <small style="margin-left: 100px;">Employer or Representative</small></p> <p>Date: _____</p>	<p>Date Received: _____</p> <p>Received By: _____</p> <p>Industry Code: _____</p> <p>DE By: _____</p> <p>Date: _____</p> <p>Verified by: _____</p> <p>Date: _____</p>
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