



BELIZE SOCIAL SECURITY BOARD
NOTICE OF TERMINATION BY THE SELF-EMPLOYED

Insured Person's Social Security No.

Name: _____

Address: _____

Occupation: _____

Commencement of Employment as an Employed Person

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D M Y

Termination of Employment as a self-employed

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D M Y

Other:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D M Y

I declare the above information is true and correct.

Signature of Insured Person

Date