



SOCIAL SECURITY BOARD EMPLOYEE LIST

(This form is to be filled out by the Employer or Employer's Representative and submitted with the application for Employer Registration (R1) Form or upon request by an SSB official.

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S REGISTRATION NUMBER:

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BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS REGISTRATION NUMBER:

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PHONE NUMBER: _____

SIGNATURE: _____

DATE SIGNED: ____/____/____
DAY MONTH YEAR

WARNING: IT IS AN OFFENCE TO GIVE FALSE INFORMATION AND TO EMPLOY ANY PERSON WITHOUT A VALID SOCIAL SECURITY CARD MARKED VALID FOR EMPLOYMENT.

**Please record the Employee's Social Security Number and Expiry Date exactly as it appears on the valid Social Security Card.*

EMPLOYEE'S NAME	*SOCIAL SECURITY NUMBER	DATE OF BIRTH (DD/MM/YR)	DATE EMPLOYMENT STARTED (DD/MM/YR)	SALARY (STATE IF WEEKLY, BI-MONTHLY OR MONTHLY)	EMPLOYEE'S SIGNATURE
	CARD EXPIRY DATE (DD/MM/YR)				

