



**SOCIAL SECURITY BOARD**

**APPLICATION AS A SELF-EMPLOYED**

**SOCIAL SECURITY BOARD**

SS NO.

AGE \_\_\_\_\_ Years

DMY

DATE OF BIRTH

\* If 50 years and over on or after the appointed day, the insurable income is not to exceed \$200.00 per week.

1	<b>NAME</b>	First	Full Middle Name	Last
	2	<b>ADDRESS</b>	House No., Street Address,	P.O. Box
City/Town/Village			District	

3 Were you employed other than self-employed since June 1981? Yes  No   
If yes, please complete Employment Declaration.

4 Please indicate which one of these categories apply to you by ticking the appropriate box.

<b>A Profession:</b>	Accountant <input type="checkbox"/>	Dentist <input type="checkbox"/>	Other <input type="checkbox"/> Please specify _____
	Lawyer <input type="checkbox"/>	Consultant <input type="checkbox"/>	
	Doctor <input type="checkbox"/>	Chemist <input type="checkbox"/>	
	Architect <input type="checkbox"/>	Engineer <input type="checkbox"/>	
<b>B Commerce or Trade/Shop:</b>	Director <input type="checkbox"/>	Partnership <input type="checkbox"/>	Other <input type="checkbox"/> Please specify _____
	Shopkeeper <input type="checkbox"/>		
<b>C Agriculture:</b>	Cane Farmer <input type="checkbox"/>	Banana Farmer <input type="checkbox"/>	Other <input type="checkbox"/> Please specify _____
	Citrus Farmer <input type="checkbox"/>	Horticulture Farmer <input type="checkbox"/>	
<b>D Fishing:</b>	Fisherman <input type="checkbox"/>	Skipper <input type="checkbox"/>	Other <input type="checkbox"/> Please specify _____
	Mariner <input type="checkbox"/>		
<b>E Transportation:</b>	Taxi Operator <input type="checkbox"/>	Van Operator <input type="checkbox"/>	Other <input type="checkbox"/> Please specify _____
	Bus Operator <input type="checkbox"/>	Truck Operator <input type="checkbox"/>	
<b>F Vendor/Trader:</b>	Street Vendor <input type="checkbox"/>	Caterer <input type="checkbox"/>	Other <input type="checkbox"/> Please specify _____
	Trader <input type="checkbox"/>		
<b>G Technician/Skilled Worker:</b>	Contractor <input type="checkbox"/>	Painter <input type="checkbox"/>	Other <input type="checkbox"/> Please specify _____
	Plumber <input type="checkbox"/>	Shoemaker <input type="checkbox"/>	
	Electrician <input type="checkbox"/>	Carpenter <input type="checkbox"/>	
	Barber <input type="checkbox"/>	Mechanic <input type="checkbox"/>	
	Cabinet Maker <input type="checkbox"/>		
<b>H Domestic:</b>	Housewife <input type="checkbox"/>	Babysitter <input type="checkbox"/>	Other <input type="checkbox"/> Please specify _____
	House-husband <input type="checkbox"/>	Day Care Provider <input type="checkbox"/>	
<b>I Artist/Musician:</b>	Artist <input type="checkbox"/>	Musician <input type="checkbox"/>	Other <input type="checkbox"/> Please specify _____
<b>J Tourism:</b>	Tour Operator <input type="checkbox"/>	Dive Master <input type="checkbox"/>	Other <input type="checkbox"/> Please specify _____
	Tour Guide <input type="checkbox"/>	Restaurateur <input type="checkbox"/>	
	Water Taxi Operator <input type="checkbox"/>	Hotelier <input type="checkbox"/>	
<b>K Other informal Sector:</b>	Please Specify _____		

5 Please state your weekly income: \$ \_\_\_\_\_ X 7% = \$ \_\_\_\_\_ Weekly contribution payable

6 Contributions due are to be paid no later than 14 days after the end of each calendar month.

\*\*\* CAUTION - IT IS AN OFFENCE TO PROVIDE ANY FALSE INFORMATION.

7 \_\_\_\_\_  
Signature of Self Employed Date Witness to Mark

<b>FOR OFFICIAL USE ONLY</b>		<b>OFFICIAL STAMP</b>	
Accepted By _____			
Date _____			
Industry Code _____	Occupation Code _____		