



SOCIAL SECURITY BOARD
APPLICATION AS A SELF-EMPLOYED



SS NO.

AGE _____ Years

DATE OF BIRTH

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

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

1	NAME	First	Full Middle Name	Last
	2	ADDRESS	House No., Street Address,	P.O. Box/Telephone No.
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.

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

FOR OFFICIAL USE ONLY		OFFICIAL STAMP	
Accepted By _____	_____		
Date _____	_____		
Industry Code _____	Occupation Code _____		