



# 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: 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS REGISTRATION NUMBER: 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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<br>(DD/MM/YR) | DATE EMPLOYMENT STARTED<br>(DD/MM/YR) | SALARY<br>(STATE IF WEEKLY, BI-MONTHLY OR MONTHLY) | EMPLOYEE'S SIGNATURE |
|-----------------|--------------------------------|-----------------------------|---------------------------------------|--|----------------------|
|                 | CARD EXPIRY DATE<br>(DD/MM/YR) |                             |                                       |  |                      |
|                 |                                |                             |                                       |  |                      |
|                 |                                |                             |                                       |  |                      |
|                 |                                |                             |                                       |  |                      |
|                 |                                |                             |                                       |  |                      |
|                 |                                |                             |                                       |  |                      |
|                 |                                |                             |                                       |  |                      |
|                 |                                |                             |                                       |  |                      |
|                 |                                |                             |                                       |  |                      |
|                 |                                |                             |                                       |  |                      |
|                 |                                |                             |                                       |  |                      |

# SOCIAL SECURITY BOARD EMPLOYEE LIST

*\*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) |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |
|                 |                             |                          |                                    |   |                      |