



BELIZE SOCIAL SECURITY BOARD
(CHAPTER 44, LAWS OF BELIZE)
SELF – EMPLOYED CONTRIBUTION CERTIFICATE
(To be completed in duplicate)

THIS FORM IS TO ACCOMPANY ALL SELF-EMPLOYED CONTRIBUTIONS PAYMENT

1. Social Security Number:

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2. Self-Employed Business Number:

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3. Name: _____

Address: _____

Phone Number: _____

Email Address: _____

4. Period for which contributions are being paid. *The number of contribution weeks payable in a month is equivalent to the number of Mondays in each month.*

	FROM D / M / Y	TO D / M / Y	No. OF WEEKS	WEEKLY RATE \$	TOTAL AMOUNT \$
CURRENT					

FOR OFFICIAL USE ONLY

District Code: _____ Receipt No: _____ Date: _____ Cashier: _____ Total: _____	OFFICIAL STAMP
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WARNING: IT IS AN OFFENSE TO GIVE FALSE INFORMATION.

I certify that the above information is true and correct.

Signature of Self-Employed

_____/_____/_____
Date (D/M/Y)

Contributions **MUST** be paid no later than fourteen days after the end of each calendar month. Retroactive payments prior to the date of registration and contribution payments in advance are **NOT** allowed. Late contribution payments **WILL** affect your eligibility for Short Term and Employment Injury Claims. Employment Injuries **MUST** be reported to the nearest Social Security Board office within 24 hours of injury.