SOCIAL SECURITY BOARD

(Chapter 44 Laws of Belize)

NOTICE OF *INACTIVE EMPLOYMENT/CLOSURE OF BUSINESS

(TO BE COMPLETED IN DUPLICATE)

Employer's Name: _____

Employer's Address: _____

Business Name: _____ Phone: _____

Business Address: _____

Employer's Registration No. | | | | | | | | | | Business Registration No. | | | | | | | | | |

DATE OF CLOSURE/ INACTIVITY	DATE OF ACTIVITY EXPECTED TO START AGAIN	NO. OF EMPLOYEES
DD MM YY	DD MM YY	

I declare the above information is true and correct and that all monies, and other records due to the Social Security Board have been remitted.

Signature of Employer or Representative	*Printed Name of Employer or Representative*	*Date*

*INACTIVE: Temporary without employees

*CLOSED: No Longer in existence

REMARKS: _____

_____

_____

Signature of Branch Officer for Manager	*Date*

***Delete if inapplicable**