



SOCIAL SECURITY BOARD

Application for Online Contributions Portal

Application to access the Online Contributions Portal for online payments & statement submissions.

I _____ hereby request access to Social Security Board's (SSB) Online Contributions Portal.

Business Name: _____
(Print Name)

Employer/Business Registration #: _____

Employer/Authorized Representative: _____

Social Security Number: _____

Email Address: _____ Cell Number: _____

Address: _____

Login credentials will be sent via a confirmation email.



EMAIL APPLICATION FORM TO: >>>

info@socialsecurity.org.bz