

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

Form 4

**The Chief Executive Officer
Social Security Commission
Private Bag 13223
Windhoek**

<p>(FOR OFFICIAL USE ONLY) REGISTRATION NUMBER:</p>

**APPLICATION FOR REGISTRATION AS A SELF –EMPLOYED PERSON
(Section 20/Regulation 2)
TO BE COMPLETED IN BLOCK LETTERS**

1. Name:.....
2. First names:
3. Date of Birth: Identity Number:.....(if any)
4. Passport Number:.....(if any)
5. Marital Status:

Married	<input type="checkbox"/>
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Single	<input type="checkbox"/>
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
6. Postal address:
7. Business Address:
8. Telephone number:..... Facsimile number:.....
9. Nature of Business:.....
10. Form business enterprise:.....

SOLE OWNER	PARTNERSHIP	COMPANY	CLOSE CORPORATION
OTHER (SPECIFY)			

11. (a) In case of a sole owner, state : Date of birth:.....
Identity number:.....(if any)
Passport number:.....(if any)
- (b) If the business is conducted under another name, state such name:.....
- (c) In case of a partnership, state full names and dates of birth and (if any) the identity numbers and Passport numbers of the partners per annexure.
12. In case of a company or close corporation, state registration number under the Companies Act, 1973 (Act 6 of 1973) or Close Corporation Act, 1988 (Act 26 of 1988) (whichever is applicable):
.....
13. Date of commencement of self –employment:.....
14. Monthly income: N\$......
15. Number of children:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

I,.....(full names) certify that the above particulars are true and correct.

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APPLICANT

.....

DATE