

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

**Form 1**

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

<b>(FOR OFFICIAL USE ONLY)</b> <b>REGISTRATION NUMBER:</b> .....
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**APPLICATION FOR REGISTRATION AS AN EMPLOYER  
(OTHER THAN AN EMPLOYER OF A DOMESTIC EMPLOYEE)  
(Section 20/Regulation 2)  
TO BE COMPLETED IN BLOCK LETTERS**

1. Name:.....
2. Postal Address:.....
3. Business Address: .....
4. Telephone number:..... 5. Facsimile number:.....
6. Nature of Business:.....
7. Form of business enterprise:.....

<b>SOLE OWNER</b>	<b>PARTNERSHIP</b>	<b>COMPANY</b>	<b>CLOSE CORPORATION</b>
<b>OTHER (SPECIFY)</b>			

8. (a) In case of 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.
9. 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):  
.....
10. Date of commencement of business:.....

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

.....  
**EMPLOYER** **DATE**

<b>FOR OFFICIAL USE ONLY</b>	
Checked by:.....	Date:.....
Remarks: .....	
.....	
Fee Paid: N\$......	Receipt Number: .....