

ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD EMPLOYER REGISTRATION

Name of Employer						
Trade Name						
Phone No						
Location where main activities will be, or are carried on, in the Federation of St. Kitts and Nevis						
Type of Activity or Product (be special						
Mailing Address:						
(a) Date trade, business or works co		Day	Month			
(b) Date employment commenced:	:	Day	Month	Year		
Date wages were first paid:		Day	Month	Year		
Approximate No. of employed person	ns:	Male	Female			
(a) Legal status of employer:						
(i) Singular Person	[]	(vii)	Committee			
(ii) Partnership	[]	(viii)	Association			
(iii) Company	[]	(ix)	State Functionary International Gov			
(iv) Gov't Ministry/Dept.	1.1	(x)	Other Diplomatic			
(v) Club	1.1	(xi)	Statutory Board			
(vi) Trade Union	[]	(xii)	Other Legal Entit			
Listing of Partners, Senior Company (Ministries or Departments, etc.	Officers, Seni		dies, Heads and Se	nior Officers of Gov		
Listing of Partners, Senior Company of Ministries or Departments, etc. Name	Officers, Seni	or Officers of Other Bo	dies, Heads and Se	nior Officers of Gov <u>Tel. No.</u>		
Listing of Partners, Senior Company (Ministries or Departments, etc. Name	Officers, Seni	or Officers of Other Bo	dies, Heads and Se	nior Officers of Gov <u>Tel. No.</u>		
Listing of Partners, Senior Company (Ministries or Departments, etc. Name	Officers, Seni	or Officers of Other Bo	dies, Heads and Se	nior Officers of Gov Tel. No.		
Listing of Partners, Senior Company (Ministries or Departments, etc. Name	Officers, Seni	or Officers of Other Bo	dies, Heads and Se	nior Officers of Gov Tel. No.		
Listing of Partners, Senior Company of Ministries or Departments, etc. Name (other names)	Address Address may be writ as acquired fi	or Officers of Other Bo	dies, Heads and Se Position/Post te blank sheet.)	nior Officers of Gov		
Listing of Partners, Senior Company of Ministries or Departments, etc. Name (other names) Is this a Business Enterprise which w	Address Address may be writ as acquired fr (If "Yes" co	ten on a signed separa rom someone? Yes mplete numbers 13 - 1	dies, Heads and Se Position/Post te blank sheet.)	nior Officers of Gov Tel. No		
Listing of Partners, Senior Company of Ministries or Departments, etc. Name (other names) Is this a Business Enterprise which work of previous Business or Owner Address of previous Owner:	Address May be writ as acquired from the control of the control o	ten on a signed separarom someone? Yes mplete numbers 13 - 1	dies, Heads and Se Position/Post te blank sheet.)	nior Officers of Gov Tel. No. No []		
Listing of Partners, Senior Company of Ministries or Departments, etc. Name (other names) Is this a Business Enterprise which w	Address May be writ as acquired from the control of the control o	ten on a signed separarom someone? Yes mplete numbers 13 - 1	dies, Heads and Se Position/Post te blank sheet.)	nior Officers of Gov Tel. No. No []		
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Listing of Partners, Senior Company of Ministries or Departments, etc. Name (other names) Is this a Business Enterprise which we will all your locations in St. Kitts and	Address May be writ as acquired fr (If "Yes" co	ten on a signed separa rom someone? Yes mplete numbers 13 - 1	dies, Heads and Se Position/Post te blank sheet.) 5)	nior Officers of Gov Tel. No. No []		
Listing of Partners, Senior Company of Ministries or Departments, etc. Name (other names) Is this a Business Enterprise which we will all your locations in St. Kitts and Trade Name	Address May be writ as acquired fr (If "Yes" co	ten on a signed separa rom someone? Yes mplete numbers 13 - 1 ore than one). Location	dies, Heads and Se Position/Post te blank sheet.) [] T	No []		
Listing of Partners, Senior Company of Ministries or Departments, etc. Name (other names) Is this a Business Enterprise which we will all your locations in St. Kitts and Trade Name	May be writ as acquired fi (If "Yes" co	ten on a signed separa rom someone? Yes mplete numbers 13 - 1 Location (ii) No [dies, Heads and Se Position/Post te blank sheet.)	No []		
Listing of Partners, Senior Company of Ministries or Departments, etc. Name (other names) Is this a Business Enterprise which we will all your locations in St. Kitts and Trade Name Is your Payroll on computer? (i) If "Yes" state: Make and Model Note in St. With the state of Make and Model Note in St. Williams and Make and Model Note in St. Williams and Make and Model Note in St. Williams and Mod	Address May be writ as acquired fr (If "Yes" co	ten on a signed separa rom someone? Yes mplete numbers 13 - 1 Location (ii) No [dies, Heads and Se Position/Post te blank sheet.)	No []		
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Listing of Partners, Senior Company of Ministries or Departments, etc. Name (other names) Is this a Business Enterprise which we will will be a Business or Owner address of previous Owner: List all your locations in St. Kitts and Trade Name Is your Payroll on computer? (i) If "Yes" state: Make and Model No Other information	May be writ as acquired fr (If "Yes" co	ten on a signed separa rom someone? Yes mplete numbers 13 - 1 ore than one). Location (ii) No [dies, Heads and Se Position/Post te blank sheet.)	No []		

Additional signatures, etc. for 19 - 22 may be submitted on a separate blank sheet marked "Additional particulars Nos. 19 - 22")

[See additional notes at the back of this Form]

Notes:						
(1)	 application form (R 3) for registration with the Social Security Office unless the employed person produces evidence that he/she is already registered. Every employer to whom the Social Security Act and Regulations apply is required to register with the Director of Social Security within seven (7) days of the date on which he becomes an employer. 					
(2)						
(3)						
(4)	PENALTY: If any person contravenes or fails to com Regulations he/she shall be liable on summary convi- (\$100.00) for each such offence, or, where the offence failure after conviction thereof, to a fine of one hundred dollars (\$100.00) for each day on which it is so continued	riction to a fine not exceeding one hundred dollars ce consists of continuing any such contravention of dollars (\$100.00), together with a further one hundred	s r			
~~~~	FOR OFFICIAL USE (INSTRUCTIONS, NOTES ctc.)		•			
~~~~ FOR C	official use	.~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Emplo	yer's Registration No	Λ				
	lars entered in Computer	^				
	ance Form Issued	^				
Emplo	yer's Guide Issued	^				
Action	taken by	^				
	(Registration Officer's Signature)					
	Date	^				
Emplo	yer educated by Inspector					
	Signature of Inspector	Date of visit				
	Signature of Inspector	Date of visit				
	Name(s) of Officer(s)	e) educated				
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