



ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

EMPLOYER REGISTRATION

Striving for Social Justice

1. Name of Employer

2. Trade Name

3. Business Address

4. Country

5. Telephone Number

6. Type of Activity or Product (be specific)

7. Date trade, business or works commenced: (dd/mm/yyyy)

8. Date employment commenced: (dd/mm/yyyy)

9. Date wages were first paid: (dd/mm/yyyy)

10. Approximate Number of employed persons

Male

Female

11. a) Legal Status of Employer:

☐ Singular Person

☐ Partnership

☐ Company

☐ Government Ministry/Department

☐ Club

☐ Trade Union

☐ Committee

☐ Association

☐ State Functionary

☐ International Organisation

☐ Statutory Board

☐ Other Legal Entity (specify)

11. b) Submitted herewith is Documentation in support of #9 (a) above. (ie. appropriate ID; Certificate of incorporation; other documents; - specify)

12. Listing of Partners, Senior Company Officers, Senior Officers of Other Bodies, Heads, and Senior Officials of Government Ministries or Departments, etc. (NB: Other names may be written on a signed separate blank sheet.)

Name	Address	Position/Post	Telephone No.

13. Is this business an Enterprise which was acquired from someone?

Yes

No

(If "Yes" complete numbers 14-16)

14. Name of previous Business or Owner:

15. Address of previous Owner:

16. Date of Acquisition:

17. List all your locations in St. Kitts and Nevis (if more than one)

Trade Name	Location	Type of Activity/Product

18. Is your payroll on computer?

Yes

No

19. If "Yes" state: Make and Model No. of Computer

20. E-mail address

21. Signature(s)

22. Print Name(s)

23. Position/Post

24. Date(s)

Additional signatures, etc for 21-24 may be submitted on a blank sheet marked "Additional particulars Nos. 21-24".
(See additional notes on the back of this form)

- Notes:**
1. Every employer must, as soon as he/she engages any employed person, ensure that such employed person completes an application form (R3) for registration with the Social Security Office unless the employed person produces evidence that he/she is already registered.
 2. 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 which he/she becomes an employer.
 3. Any person who ceases to be an employer, or resumes as an employer, or changes his business name or address, must forthwith notify the Director of Social Security.
 4. **PENALTY:** If any person contravenes or fails to comply with any of the Social Security (Registration) Regulations he/she shall be liable on summary conviction to a fine not exceeding one hundred dollars (\$100.00) for each such offence, or, where the offence consists of continuing any such contravention or failure after conviction thereof, to a fine of one hundred dollars (\$100.00), together with a further one hundred dollars (\$100,00) for each day on which it is so continued.

FOR OFFICIAL USE (INSTRUCTIONS, NOTES etc

FOR OFFICIAL USE

Employer's Registration Number

Particulars entered in Computer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Remittance Form Issued?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer's Guide Issued?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Action take by _____
(Registration Officer's Signature)

Date: _____

Employer educated by Inspector _____

Signature of Inspector

Date of Visit

Name(s) of Officer(s) educated