

NATIONAL SOCIAL SECURITY AUTHORITY



Website: www.nssa.org.zw

EMPLOYER/FACILITY USER REGISTRATION FORM

For official use only

SSR NUMBER

I.C. CODE

INSTRUCTIONS :

1. To be completed in block letters

2. Attach Certificate of Incorporation for private limited companies.

NB: This form is incorporating registration of facilities used by employers such as factory, boiler, elevator and escalator

SECTION A:

1. EMPLOYER/FACILITY USER DETAILS (Delete inapplicable) =

1.1 Employer Type (Tick appropriate box(es))

Employer	Facility User	Voluntary Contributor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Legal Name

1.3 Trade Name

1.4 COMPANY/FACILITY USER ADDRESSES (Delete inapplicable)

	Physical Address	Postal Address
Number & Street name / Box or Bag		
Name of Suburb/ Post Office		
City/Town		
Country		
Telephone number		
Mobile number		
Fax number		
E-mail Address _{es}		
Website Address		

1.5 Main Business Activity:

1.6 Commencement date of Business

D	D	M	M	Y	Y	Y	Y

1.7 Commencement Date of Operation facility

D	D	M	M	Y	Y	Y	Y

1.8 TYPE OF COMPANY (Please tick appropriate box)

Sole proprietor/trader	<input type="checkbox"/>	Statutory Corporation	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>
Private Ltd. Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Public Company	<input type="checkbox"/>
NGO	<input type="checkbox"/>	Voluntary organisation	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>

Other: (Specify)

SECTION B:

2. DETAILS OF OWNERS: DIRECTORS, MANAGING DIRECTOR OR RESPONSIBLE PERSONS

	Person 1	Person 2	Person 3
Surname			
First Names			
National ID No.			
Residential Address			
Telephone Number			
Mobile Number			
Position			
E-mail address			

2.1 TYPE OF FACILITIES USED (Please tick the Facility you own or use and complete the relevant factory & works forms)

Factory (Form F2)		Boiler (Form FB3)		Elevator (Form FE1)		Escalator (Form FE 7)	
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2.2 Facility User's Full Names

2.3 CONTRIBUTION DETAILS

Total Employer's Wage Bill:-NPS- Salaries & wages equivalent to maximum insurable earnings
(Voluntary Contributors state insurable earnings at cessation date)

WCIF- Salaries and Wages plus bonus, overtime and other allowances equivalent to maximum insurable earnings

NPS- Total number of workers (including working Directors)

WCIF- Total number of Workers (including working Directors)

2.4 BANK DETAILS

Name of Bank Branch

Branch Code Account No.

Account name

2.5 RELATED COMPANY DETAILS (i.e. Subsidiary /Holding Company/Branch(es)) *Delete inapplicable*

Name	SSR Number

2.6. DECLARATION

I hereby declare that the information I have provided on this form is correct and complete. I am aware that giving false information shall render me liable to prosecution.

Name of Official

Signature _____

Position

Date

Official Stamp