

EMPLOYEE REGISTRATION FORM

FORM P3



website-www.nssa.org.zw

NSSA DATE STAMP

Employer's SSR

Employer's Name

(Complete the Form in block letters and return through your employer within 7 days.)

SECTION 1: EMPLOYEES DETAILS

SSN (for employees already registered)

1.1 First Name

Other Name(s)

1.2 Surname

1.3 Title

Mr	Mrs	Miss
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1.4 Date of birth

D	D	M	M	Y	Y	Y	Y
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1.5 Nat.I.D. No.

1.6 Sex

M	F
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1.7 Marital Status

Married	Single	Divorced	Widowed
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(Tick applicable)

1.8 Nationality

1.9 Citizenship

ALTERNATE I.D. NUMBERS

Passport	<input type="text"/>
Driver's licence	<input type="text"/>
Birth Certificate	<input type="text"/>

1.10 EMPLOYMENT HISTORY SINCE OCTOBER 1994 (START WITH CURRENT)

Name of Employer	SSR Number	Occupation	Status of Employment	Commencement Date	Cessation Date	Salary at Commencement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CURRENT EMPLOYEE WORK NO.

1.11 DETAILS OF SPOUSE(S)

Surname	First Name	Maiden Name	I.D. No	Date of Birth	Date of Marriage

OWN CHILDREN – Children should be below the age of 18 years unless disabled

Full Name	Sex M/F	Date of Birth	ID Number

OTHER DEPENDANTS

Full Name	Relationship	SEX M/F	Date of Birth							
			D	D	M	M	Y	Y	Y	Y

CONTACT DETAILS

POSTAL ADDRESS	RESIDENTIAL ADDRESS	ALTERNATE ADDRESS

Telephone No: í í í í í í í í í í Mobile No: í í í í í í í í í í . e-mail address: í í í í í í í í í .

Employee's Thumb prints

Left Thumb	Right Thumb

SECTION 5

DECLARATION

I hereby declare that the information I have provided on this form is correct and complete. I am aware that giving false information is a criminal offence in terms of Section 48 of the NSSA Act Chapter 17.04.

Employee's Signature: í í í í í í í í í í í í í í í Date: í í í í í í í í í í ..

Name of Employer's Representative í í í í í í í í í í í í í í í í . Designation: í í í í í í í í í í ..

Official stamp