

NATIONAL PENSIONS ACT 1976  
**Registration of Employers**

To be filled in Triplicate  
**FOR OFFICIAL USE**  
 Registration No.

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1    Please read notes on verso before completing this form

1. **Applicable to individual employers only**

National Identity Card No

Surname

25

Other names

57

2. **Application to other categories of employer namely - Registered Companies, Société, Association, Partnership, Succession etc.**

Full name of Companies, Société, Association, etc.

25

Name (continued from above)

57

1.

3. **Full Address where pay records are kept and where all correspondence should be sent – (Quoting the P.O Box No. only is not enough).**

1<sup>st</sup> line

11

2<sup>nd</sup> line

39

3<sup>rd</sup> line

67

4. **Residential or Registered Office address (if different from 3)**

1<sup>st</sup> line

106

2<sup>nd</sup> line

134

3<sup>rd</sup> line

162

5. Telephone No.  190

6. **Nature of main business** .....

7. **Have you ever been registered as an employer? Yes/NO**

If yes, please quote Registration No. ....

8. **Full Name and address of Branches whose pay records are kept by you**

- (i) (a) .....
- (b) .....
- (ii) (a) .....
- (b) .....

9. **Number of**

(a) **Employees:-**      **Male**                       **Female**

(b) **Apprentices:-**    **Male**                       **Female**

I declare that the above information is correct to the best of my knowledge.

10. **Date**

Day month year

Signature: .....

Name: .....

Status: .....

\* In case of companies registered under the Companies Act, the company's Secretary or Director should sign the form. A photocopy of the certificate of incorporation should be enclosed. In other cases, the employer or legal representative should sign.

Locality

Centre

Activity

1. Received on

2. Leaflet issued on

3. Remittance Card issued

On .....

4. Control Card prepared

on .....

5. Ded. Cards issued

on .....

6. No. Ded Cards

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**REGISTRATION  
 CHECKED  
 Documents produced**

Ref No. ....

Verified by

Name.....

Date .....

Office .....

