

SOCIAL SECURITY BOARD SELF-EMPLOYED REGISTRATION



Insured Person Social Security Number

Date of Birth
DD MM YY

Verified by: _____

Name _____
Please Print

Sex: M ___ F ___

2. Mailing Address _____

3. Phone No. Fax No. Email.

4. Profession/Trade/Business Name (if any) _____
Please Print

5. Business address where main activities will be, or are carried on _____

6. Type of activity service or product (be specific) _____

7. Date on which trade, business or work commenced
DD MM YY

8. Previous Employer (if any) _____

9. Do you employ anyone? Yes ___ No ___

10. Kindly select a wage category by ticking the appropriate column from the table below.

NB: The wage category selected must be used for the contribution year.

Category	Weekly Income EC\$\$	Weekly Contribution EC\$	Tick Selection
A	1250.00	100.00	
B	1000.00	80.00	
C	800.00	64.00	
D	600.00	48.00	
E	400.00	32.00	
F	200.00	16.00	

Notes

1. All self-employed insurable persons are required to be registered at the Social Security Office on the appropriate form to be supplied by the Director.
2. Any person who (a) knowingly makes any false statements or false representation or (b) produces or furnishes or cause or knowingly allows to be produced or furnished, any document or information which he knows to be false in a material particular, shall be liable on summary conviction to a fine of eight hundred dollars or imprisonment for a term of six months or to both such fine and imprisonment.
3. A valid Passport or Birth Certificate is required along with this Form.

Signature of Self-Employed

Date

Signature of Officer

Date