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Employer No

NATIONAL SOCIAL SECURITY FUND
P. O. BOX 30599 – 00100, NAIROBI
TEL.NO: 020 2729911, 2710552
E-mail mt@nssfkenya.co.ke; info@nssfkenya.co.ke

APPLICATION FOR EMPLOYER REGISTRATION

Please complete this form accurately (in triplicate), attach a copy of KRA PIN certificate and any of the following documents:

- | Business/Company | Individual/Domestic Employers |
|-------------------------------------|--------------------------------------|
| (i) Certificate of Incorporation | (i) National Identity Card |
| (ii) Registration of Business Names | (ii) Passport/Alien Card |
| (iii) Trading License | |

1. EMPLOYER DETAILS

Tick as appropriate: Business Individual Employer Domestic Employer

- (a) Business/ Company Name
- Business Registration Number Date issued
- KRA PIN No:

- (b) Individual/ Domestic Employers:
- First Name:..... Middle name:.....
- Surname:..... ID Card/PP/AC No:

2. Contact Address:
- P.O Box:..... Postal Code:.....
- Office No.....
- Mobile No.....
- Email Address.....

3. **PHYSICAL ADDRESS:-**
- i. Name of Building/Plot No Floor/Room No.....
- ii. Street/Road: Estate/Village
- iii. Town/Market/House No:
- iv. County.....

4. Date of Business commencement (where applicable).....
5. Date when contributions were first deducted.....

The Fund reserves the right to demand contributions from an earlier date should other information indicate that it was desirable to do so.

6. Total number of persons now employed :-
- (i) **Regular** Men.....Women..... (ii) **Casual** Men.....Women.....

7. Details of other business concerns/Branches/Households in Kenya: -

Name of Location/Branch	Postal Address	No. of Employees	
		Male	Female

Note: If you require separate registration for the above branches/households, please complete a separate application form in respect of each branch/household.

8. Names of Director(s)/Proprietor(s)/Partner(s)/Individual Employer

- (i) (ii)
 (iii) (iv)

I confirm that the information I have given above is correct and complete to the best of my knowledge.

Form completed by:

Name.....Signature.....Designation.....

Date.....Employer's Rubber Stamp/ Seal.

Contact persons:

Name: Position:
 Name: Position:
 Signature: Date:

FOR OFFICIAL USE

Checked and Received by:

Name of officer.....Designation.....

Signature.....Date.....

Registration authorized by:

Employer Category..... Contributions W.e.f
 NSSF Branch: Zone.....

Remarks.....

Name officer.....Signature.....

Designation.....Date.....

Official Branch Stamp

Certificate Issued:

Authorizing officerDesignation..... Signature

Certificate No..... Date issued

Issuing officerSignature