

Employer Registration No.

**EMPLOYER REGISTRATION FORM**

1. Business Name .....
2. Trade Name (if applicable).....
3. Business License No. .... 4. No. of persons employed: Male..... Female.....

5. Location where main activities will be or are carried on: (be specific).....  
.....

6. Mailing address.....P.O. Box No.....

7. Email address .....

8. Business Phone ..... Mobile Phone .....Fax No.....

9. Business commence date..... 10. Date wages were first paid.....

11. SECTOR: Private  Government  Quasi Government

12. TYPE OF OWNERSHIP: Sole Proprietor  Partnership  Corporation/ Limited Liability Company

**13. OWNERS & DIRECTORS :**

Name(s)	Address	Title	Phone No. /Cell
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

14. Was the business acquired from someone or previously registered with the Scheme? Yes  No

If yes, complete lines 15 -17

15. Previous Business Name .....

16. Previous Business Owner Name and Address .....

17. Date of acquisition or Business Name Change.....

**18. List all business locations:**

Business/Trade Name	Location	Type of activity or product (be specific)
.....	.....	.....
.....	.....	.....

19. Is your payroll computerized? Yes  No

Name of Payroll software used: .....

Name (print)..... Signature.....

Title of officer..... Date.....

**OFFICIAL USE**

**Registration Number:** .....

**Zone:** .....

**Dispatched documents:**    employer letter             R3A             D3             Deduction table

**Comments:** .....  
.....  
.....

**Processed by:** ..... **Date:** .....

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**VERIFICATION**

**Comments:** .....  
.....  
.....

*I certify that the information contained in the application is complete and accurate, and all required documents have been submitted.*

.....  
Registration & Benefits Eligibility Supervisor  
Date: .....