



THE UNITED REPUBLIC OF TANZANIA
NATIONAL SOCIAL SECURITY FUND

APPLICATION FOR EMPLOYER'S REGISTRATION
(The National Social Security Fund Act No: 28 Of 1997)

This form must be submitted to the nearby NATIONAL SOCIAL SECURITY FUND Officer by the employer within thirty days of his becoming subject to the above mentioned Act.

Please fill this form in CAPITAL LETTERS

Type of Registration:

Branch Headquarters Individual

Business Details

Business Name:

Business Registration Date: (DD MM YYYY)

Nature of Business

Telephone Number:

Email ID:

Location of Business

Plot Number:

Land Mark:

District:

Industry Details

SectorType:

Liability Date: (DD MM YYYY)

No. of Employees

NSSF Employer Registration No:

(Official Use)

If Branch

Headquarters' Name:

Headquarters' NSSF Registration Number:

Business Registration Number:

TIN No:

Business Type:

Fax Number (If Any)

First Contribution Date (DD MM YYYY)

Street:

Area:

Region:

IndustryType

Mode of Wage Payment:

Remarks

Contact Details

Contact Person:

Designation:

Email:

Telephone Number:

Mobile Number:

Fax:

Branch Details

Branch Name	No.of Employees	Postal Address	Telephone Number	Fax Number	Mode of Wage Payment
					<input type="checkbox"/> Centralized <input type="checkbox"/> Decentralized
					<input type="checkbox"/> Centralized <input type="checkbox"/> Decentralized
					<input type="checkbox"/> Centralized <input type="checkbox"/> Decentralized
					<input type="checkbox"/> Centralized <input type="checkbox"/> Decentralized
					<input type="checkbox"/> Centralized <input type="checkbox"/> Decentralized

Declaration

I hereby certify that:

- (i) The information given above is correct and true.
- (ii) I will complete and submit employee's registration card in respect of the employees.
- (iii) I'm obliged to comply with the NSSF regulations relating to the payment of contribution promptly and in full.

Full Name:

Designation:

Signature:

Date:

EMPLOYER'S OFFICIAL STAMP