

**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 Office [NSSF] by the employer within thirty days of his becoming subject to the above mentioned Act. Please fill this in CAPITAL LETTERS

1. Business Name						FOR OFFICIAL USE ONLY																									
2. Address																															
Telephone Number						REGIONAL CODE																									
Fax Number(If Any)						DISTRICT CODE																									
3. Business Registration Certificate						EMPLOYER NUMBER																									
(i) Registration						<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																									
(ii) Date Issued																															
4. Nature of Business (State in detail the type of Business)						INDUSTRIAL CODE																									
5. Location of business						SECTOR CODE																									
(i) Area						LIABILITY DATE																									
(ii) Street						<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="5">MONTH</td> <td colspan="5">YEAR</td> </tr> </table>																MONTH					YEAR				
MONTH					YEAR																										
(iii) Plot Number						DATE RECEIVED																									
6. First contribution due date						DATE MONTH YEAR																									
7. Number of current Employees and branches (If any)						CHECKED BY:																									
Headquarters	Branch	No.of Ees	Postal Address	Telephone Number	Fax Number	Name.....																									
						Designation.....																									
						Signature.....																									
						REMARKS:																									
8. Mode of Wage Payment (Tick where applicable)																															
(i) Centrallized ()																															
(ii) Decentralized ()																															
9. Declaration						KEYED BY																									
I hereby CERTIFY THAT:						Name.....																									
(i) The Information given above is correct and true.						Designation.....																									
(ii) I will complete and submit employee's registration card in respect of employees.						Signature.....																									
(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						DATE																									
						<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="3">DATE</td> <td colspan="3">MONTH</td> <td colspan="3">YEAR</td> </tr> </table>																DATE			MONTH			YEAR			
DATE			MONTH			YEAR																									