

Applicant's
Photograph



Form No. NPF 2

FOR OFFICE USE ONLY

Social Security No.

Date Joined

Classification

REPUBLIC OF THE GAMBIA

**SOCIAL SECURITY AND HOUSING FINANCE CORPORATION
SOCIAL SECURITY FUND**

EMPLOYEE REGISTRATION FORM

Fund Proposed

Type of Registration (Mandatory/Voluntary)

| Employer | Employee's Payroll No. | Employee's position | Salary |
|-----------------|------------------------|---------------------|----------------|
| | | | |
| Employee's Name | Surname | First Name | Second name(s) |
| | | | |

Permanent Address

Sex (M)

Daily-Rated (W)

Date of Birth

(F)

Monthly Rated (S)

Day.....Month.....Year.....

(Documentary Evidence to be provided including
Marriage Certificate where applicable)

Marital Status:.....

| Date Employment Commenced | Date of Admission into Scheme | Nationality |
|---------------------------|-------------------------------|-------------|
| | | |

I certify that the facts stated above are true and accurate

Date:.....

.....
Signature or Right Thumb Print

PERSON FILLING FORM :

* " The above form which was filled by me on behalf of:..... was read to him in the..... language, which he seemed to understand fully and he made his mark in my presence.

Name

Address

Signature

