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 Na	ame	Surname	First Name	Second name(s)	
Permanent Address					
Sex (M)	Daily-Rated (	(W) Date of Birth			
(F)	Monthly Rated (	(S) DayMonthYear  (Documentary Evidence to be provided including Marriage Certificate where applicable)			
Marital Status:		Walti	age ocitineate where ap	phicabicy	
Date Employment	Commenced	Date of Admission into Scheme		Nationality	
I certify that the facts	s stated above are true and	accurate			
Date:				ght Thumb Print	
			Giga.a.o o a.	g	
PERSON FILLING	FORM:				
	which was filled by me on b			as read to him in ade his mark in	
Name			<b></b>		
Address			Signature		

#### **NOMINATION**

#### **EMPLOYEE'S NOMINEES:**

Name	Address	Date of Birth	Relationship of Dependency	Proportion of Benefits	
		OI BIITII	Dependency	benefits	
If Employee has no dependants but wishes to nominate non-dependants, an affidavit to that effect would be required.					
Date:		Signature or Thumb Print			
* "The above form which was	filled by me on				
behalf of	was read to				
hime in the language which					
he seemed to understand fully					
mark in my presence.					
Name:		Employe	er's Signature:		
Address:			full:		
Signature:		Designa	tion:		
* For non-literates					

### PREVIOUS EMPLOYMENT:

Employer's Name	Employer's No.	Date Employment Commenced	Date Employment Terminated	Employee's Social Security Number