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## REGISTRATION OF EMPLOYEE

EMPLOYER:	
NAME OF EMPLOYEE:	
SEX: SOCIAL SECUI	RTY No:
POSITION:	
	(Birth certificate or other
	e to be attached if married).
DATE EMPLOYED:	
SCHEME MEMBERSHIP TO CO	OMMENCE FROM:
PREVIOUS SERVICE WITH (a) (State what period)	Civil Service:
(b)	Any Federated Pension Scheme Employer:
(c)	Any National Provident Fund Member Employer:
ANNUAL SALARY:	
INCREMENTAL DATE:	
E	MPLOYER'S SIGNATURE:
Pe	OSITION:
D	ATE:
TO: THE MANACING DIDECT	OD.



Form <b>SS1</b>	(2 PHOTOS)

### REGISTRATION OF EMPLOYEE

EMPLOYER:
NAME OF EMPLOYEE:
SEX: SOCIAL SECURTY No:
POSITION:
DATE OF BIRTH: (Birth certificate or other officially recognized documentary evidences of birth to attached)
MARITAL STATUS:
DATE EMPLOYED:
SCHEME MEMBERSHIP TO COMMENCE FROM:
PREVIOUS SERVICE WITH (a) Civil Service:
(d) Any Federated Pension Scheme Employer:
(e) Any National Provident Fund Member Employer:
ANNUAL SALARY:
NCREMENTAL DATE:
EMPLOYER'S SIGNATURE:
POSITION:
DATE:



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