



**THE ANTIGUA & BARBUDA SOCIAL SECURITY BOARD
(SOCIAL SECURITY ACT 1972)
EMPLOYER'S REGISTRATION FORM**

This form must be completed and signed by the owner/partner/managing director/company secretary, within seven days of hiring your first employee. When registering a company the articles of association (Intellectual Property Rights) must be presented.

REGISTRATION NUMBER

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For Official Use Only

Please print in block letters

1. Name of business
2. Legal classification
(sole ownership/partnership/company/off-shore company)
3. Name(s) of owner(s).....
.....
4. Nature of business
5. Mailing address of business
6. Location of business
(include signage, landmarks, etc)
.....
7. Contact information:
Telephone:
Fax: Email:
8. Sector
(private/public)
9. Date of first hire / /
day month year
10. Number of insurable employees

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Please see reverse side

11. Other branches:

Name(s)

Location(s)

1.

.....

2.

.....

12. Other business(es) owned:

Name(s)

1.

3.

2.

4.

13. Position of person providing information

14. Name of Directors:
(if business is a company)

1.

2.

3.

4.

I hereby declare that the information given in this application is true and correct.

.....
Name (in block letters)

.....
Signature

.....
Position held by signatory

.....
Date

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Document presented for Registration of Business

.....
Name of Interviewer

.....
Signature of Interviewer

.....
Date