



NATIONAL SOCIAL SECURITY AND WELFARE CORPORATION

www.nasscorp.org.lr

15th Street & Payne Avenue, Monrovia

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FORM 1: APPLICATION FOR REGISTRATION BY EMPLOYER

NOTE:

This form is to be completed by an employer who has not previously been registered under the National Social Security and Welfare Act. Please find attached supporting document from which you can select the appropriate organizational type, economic sector and business activity.

OLD EMPLOYER CODE:	BUSINESS REGISTRATION NUMBER:
FULL NAME OF THE BUSINESS	

STREET	DISTRICT, VILLAGE OR CITY	COUNTY	P.O. BOX NUMBER
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TELEPHONE NUMBER	NUMBER OF EMPLOYEES	DATE BUSINESS COMMENCED			ORGANIZATION TYPE
EMAIL ADDRESS:		DD	MM	YYYY	

ECONOMIC SECTOR	BUSINESS ACTIVITY
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DECLARATION BY EMPLOYER

I hereby declare that the statement given above is correct to the best of my knowledge and belief and undertake to carry out my obligations under the National Social Security and Welfare Act and Regulations.

NAME	SIGNATURE	POSITION	DATE /OFFICE STAMP

Contact Number (s)

NASSCORP OFFICIAL USE ONLY:

EMPLOYER 'S CODE _____

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Entered By _____ QA _____ DMS scanned By _____

