



# NATIONAL SOCIAL SECURITY AND WELFARE CORPORATION

[www.nasscorp.org.lr](http://www.nasscorp.org.lr)

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Please Attach Photo

## FORM 2: EMPLOYEE REGISTRATION

First Name	Middle Name	Last Name	Suffix
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Date of Birth (MM/DD/YY)	County of Birth	Nationality	Sex	Marital Status
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Home Address
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Work Address
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Previous Place (s) of Work	Period (Month & Year)
1	
2	
3	

Do you have a SS ID CARD? Yes ( ) or NO ( ) If Yes, provide your Social Security Number below							

DEPENDENTS		
Name	Date of Birth (MM/DD/YY)	Relationship
Use back for additional dependents		

<b>Contact Information</b>
Cell:
Home:
Email:

<b>Please Affix Your Signature or Finger Print here</b>
Signed
Date

I have affixed my signature/finger print above to confirm that the information given is true and correct.

<b>NASSCORP OFFICIAL USE ONLY:</b>									
New Social Security Number									
Entered By _____ QA _____ DMS scanned By _____									

## DEPENDENTS

[illegible]