



**THE ANTIGUA & BARBUDA SOCIAL SECURITY BOARD
(SOCIAL SECURITY ACT 1972)
EMPLOYERS 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 incorporation from the Antigua & Barbuda Intellectual and Property Commerce office 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: _____

7. Contact Information:
Telephone: _____

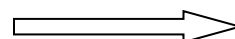
Fax: _____ Email: _____

8. Sector: _____
(private/public)

9. Date of first hire: _____/_____/_____

10. Number of insurable employees:

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Please see reverse side

List the name of the employee(s) & their rate of pay/salary below:

NAME OF EMPLOYEE(S)	EARNINGS

Name(s) of Director(s):

1. _____

2. _____

3. _____

4. _____

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

Name (in block letters)

Signature

Position held by signatory

Date