

# SOCIAL SECURITY ACT 1972

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EMPLOYER'S REGISTRATION NUMBER

The Social Security (Collection of Contributions) Regulations 1973

RETURN FOR ..... TO ..... 20.....



**YOU ARE REQUIRED TO COMPLETE ALL COLUMNS OF THIS FORM IN RESPECT OF ALL PERSONS EMPLOYED BY YOU DURING THE PERIOD STATED ABOVE AND RETURN IT TO ME.**

**Director Social Security  
Social Security Office,  
P.O. Box 1125  
Long Street,  
St. John's, Antigua**

## DECLARATION

I, .....  
hereby declare that the particulars contained in the Return are in every respect fully and truly stated according to the best of my knowledge and belief.

..... *Signature*

.....  
*Name of Employer (Please Print)*

..... *Address*

.....

..... *Date*

