

Employer Number						

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APPLICATION FOR EMPLOYER REGISTRATION (REVISED 2015)

Please complete this form accurately (in triplicate), attach a copy of KRA PIN Certificate and any of the following documents:

Business/Company

- i. Certificate of Incorporation
- ii. Registration of Business Names
- iii. Trading License

Individual/Domestic Employers

- i. National Identity Card
- ii. Passport/Alien Card

1. Employer Details

Tick as appropriate: Business Individual Employer Domestic Employer

a. Business/ Company Name:

Business Registration Number: Date Issued:

KRA PIN Number:

Nature of Business:

b. Individual/ Domestic Employers

First Name: Middle name: Surname:

Id Card/PP/AC No:

2. Contact Address

P.O. Box: Postal Code:

Office land line: Mobile Number:

Email Address:

3. Physical Address

Name of Building/Plot No: Floor/Room No:

Street/Road: Estate/Village:

Town/Market/House Number:

County:

4. Date of Business commencement (where applicable):

5. Date from which employer engaged 1 or more employees (where applicable)

6. Date when contributions were first deducted:

The Fund reserves the right to demand contributions from an earlier date should other information indicate that it was desirable to do so.

7. Total number of persons now employed – Male: **Female:**

8. Details of other business concerns/Branches/Households in Kenya

Name of Location/Branch	Postal Address	Number of Employees	
		Male	Female

Note: If you require separate registration for the above branches/households, please Complete a separate application form in respect of each branch/household.

9. Names of Director(s)/Proprietor(s)/Partner(s)/Individual Employer

Name: Position:

Name: Position:

Contact persons

Name: Position:

Name: Position:

I confirm that the information I have given above is correct and complete to the best of my knowledge.

Form completed by

Name: **Sign:** **Designation:**

Date: **Employer's Rubber Stamp/Seal**

FOR OFFICIAL USE

Checked and Received by

Name of officer: Designation:

Signature: Date:

Registration authorized by

Employer Category: Contributions W.e.f:

NSSF Branch: Zone:

Remarks:.....

.....

Name of officer: Designation:

Signature: Date:

Certificate Issuance

Authorizing officer: Designation:Signature:

Certificate Number: Date issued:

Issuing officer:Signature: