



Republic of Sierra Leone  
National Social Security and Insurance Trust  
Act No.5 of 2001

**FORM SS1A**

**Member's Registration Form**



**R  
T  
P**

**Serial Number**

Payroll No./Pin Code

Please note you are liable to **prosecution** in the event of any **false declaration** under the NASSIT Act No.5 of 2001

<b>Member's Name</b>	Surname Middle name	First name
<b>Previous or Maiden Name</b>	Surname Middle name	First name
<b>Permanent Address</b>		
<b>Current Address</b>		
<b>Marital Status</b>	Single <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
<b>Nationality</b>	Telephone	Sex <input type="checkbox"/> M <input type="checkbox"/> F
<b>Place of Birth</b>	Province Chiefdom	District Town
<b>Date of Birth</b>	Day / Month / Year	<b>Date Employed</b> Day / Month / Year
<b>Nature of Income</b>	Income Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>	Occupation/Civil Status
<b>Name of Father</b>	Surname Middle name	First name
<b>Name of Mother</b>	Surname Middle name	First name Maiden name
<b>Name of Establishment</b>	E.R. Number	
	Address	
	Telephone/Fax/email	

**NATIONAL SOCIAL SECURITY AND INSURANCE TRUST  
ACKNOWLEDGEMENT OF RECEIPT OF FORM SS 1A**

**SERIAL NUMBER**

This is to Certify that Mr/Mrs/Ms.....of  
.....has duly completed form SS 1A

**Name of NASSIT Official** .....

**Place of Issue** .....

**Date** ..... **Signature** .....

Important: Keep this slip safely and produce it for photo verification

I hereby declare that the person(s) mentioned below to receive benefits in the event of my death are my dependant(s)

Name of Dependant and SS No. (if any)	Date of Birth	Age	Relationship to Member	Permanent / Residential Address

## DECLARATION

### I Certify that

1. I have never been registered as a member of this scheme
2. The facts stated above are true and accurate

\_\_\_\_\_  
*Signature of Contributor*

\_\_\_\_\_  
*Signature, Stamp and Seal of  
Employer / Authorised Agent*

### I Certify that

1. Completion of both sides of this form was supervised by me
2. The thumb prints and signature are those of the contributor

\_\_\_\_\_  
*Signature of NASSIT Official*

\_\_\_\_\_  
*Name of NASSIT Official*

\_\_\_\_\_  
*Date*

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