



**DOMINICA SOCIAL SECURITY  
APPLICATION FOR REGISTRATION AS SELF-EMPLOYED**

**PARTICULARS OF APPLICANT**

Social Security Number: 

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Previous SS Number: 

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(if applicable)

SURNAME:	COUNTRY OF BIRTH:			
MAIDEN NAME (if married)	DATE OF BIRTH: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">DAY</td><td style="width: 20px; text-align: center;">MONTH</td><td style="width: 20px; text-align: center;">YEAR</td></tr></table>	DAY	MONTH	YEAR
DAY	MONTH	YEAR		
FIRST NAME:	CONTACT NUMBERS:			
OTHER NAMES:	MAILING ADDRESS: _____			
SEX:      Male                      Female	_____			
	_____			

MARITAL STATUS:	Married	Divorced	Common-law
	Single	Separated	Widow/Widower

EDUCATION:	Primary	Secondary	College/Tertiary	University
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**PARTICULARS OF MOTHER**

FIRST NAME	SURNAME (at Applicant's Date of Birth)
OTHER NAMES	MAIDEN NAME (if married)

**PARTICULARS OF SPOUSE**

FIRST NAME	SURNAME																				
OTHER NAMES	MAIDEN NAME (if applicable)																				
Spouse's SS Number: (if applicable)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				

**PARTICULARS OF EMPLOYMENT**

OCCUPATION	SALARY/WAGES
COMMENCEMENT DATE OF BUSINESS:	WAGE FREQUENCY      Monthly      Bi-Weekly      Weekly

*I certify to the best of my knowledge and belief, that the above information is true. I am aware that providing false information to the Dominica Social Security is a criminal offence and will result in the applicable fines and or imprisonment.*

NAME OF BUSINESS \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_ BUSINESS--ADDRESS \_\_\_\_\_

APPLICANT SIGNATURE AND STAMP \_\_\_\_\_ WITNESS SIGNATURE \_\_\_\_\_  
DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

All applicants must provide their Birth Certificate and Marriage Certificate (if applicable). Non-nationals must provide their passport and work permit in addition to the other criteria herewith

**SELF-EMPLOYED APPLICATION/ASSESSMENT FORM**

In accordance with Regulation 4 of the Social Security (Self-Employed Persons) Regulations S.R.O. No. 48 of 1988 I hereby apply for registration as a self-employed person and submit hereunder the following relevant particulars:

**DECLARED EARNINGS**

EARNINGS \$ \_\_\_\_\_ FOR YEAR ENDED 31ST DECEMBER \_\_\_\_\_

DETAILS OF EARNINGS

ECONOMIC ACTIVITY

BUSINESS DETAIL

**ASSESSMENT**

To be completed with an authorized Social Security Officer

ANNUAL INSURABLE EARNINGS FOR YEAR ENDED 31ST DECEMBER \_\_\_\_\_ EARNINGS \$ \_\_\_\_\_

ASSESSED ANNUAL CONTRIBUTION RATE (7% of Annual Insurable Earnings) \$ \_\_\_\_\_

ASSESSED QUARTERLY CONTRIBUTION RATE \$ \_\_\_\_\_

**APPLICATION AND ASSESSMENT APPROVAL**

\_\_\_\_\_  
WITNESS SIGNATURE

DATE: \_\_\_\_\_

\_\_\_\_\_  
INSURED SIGNATURE

DATE: \_\_\_\_\_

\_\_\_\_\_  
WITNESS SIGNATURE

DATE: \_\_\_\_\_

\_\_\_\_\_  
SOCIAL SECURITY OFFICIAL

DATE: \_\_\_\_\_