

SINDH EMPLOYEES' SOCIAL SECURITY INSTITUTION

EMPLOYER'S REGISTRATION FORM

Registration Number Allotted

--	--	--

(for office use only)

Name of Firm _____

Employer's Name _____

Address of Principal place of Business { _____

Telephone Number _____ { _____

Nature of Business _____

Number of employees liable to become secured persons _____

(Approximate)

--

(Stamp of Firm)

Form R. I.

Signature of Employer _____

Date _____

19

P.T.O.

Write Legibly Please

FOR OFFICIAL USE ONLY

A C T I O N	A C T I O N T A K E N	
	Initial of SSO (C)	Date
Registration Form Checked ...		
Name of Employer entered in Register ...		
Registration number allotted as shown overleaf		
Form R, 3 and R, 4 prepared and issued ...		