

STATUTORY INSTRUMENT

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THE NATIONAL SOCIAL SECURITY AND INSURANCE TRUST REGULATIONS, 2004

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Published 15th July, 2004

*THE NATIONAL SOCIAL SECURITY AND
INSURANCE TRUST ACT, 2001
(Act No. 5 of 2001)*

THE NATIONAL SOCIAL SECURITY AND INSURANCE TRUST
REGULATIONS, 2004

Short title.

In exercise of the powers conferred on him by section 60 of the National Social Security and Insurance Trust Act, 2001, the Minister of Labour, Social Security and Industrial Relations hereby makes the following Regulations:—

PART I—REGISTRATION

1. (1) Every employer or self-employed person shall, within thirty days after the date on which these Regulations come into force or such other date as from which the Act begins to apply to him complete and forward to Director-General Form SS2A or Form SS3, as the case may be, prescribed in the Schedule.

Registration of employers.

(2) An establishment which consists of several branches, departments, sections, sub-offices, depots, stores, whether situated in the same place or in different places shall, for the purposes of the Act, be deemed to be one and the same establishment and the Act shall apply to all employees therein.

2. Every employer or self-employed person who changes his business name, address or location shall furnish the Director-General with his new business name, address and location within ten days after the change.

Employers to notify Director-General of change of name, etc.

Employers
and self-
employed
persons
registration
number.

3. The Director-General shall issue a social security registration number to every employer or self-employed person from whom he has received Form SS2A or SS3, as the case may be and shall notify the employer or the self-employed person of the number.

Registration
of employees
and self-
employed
contributors.

4. (1) Every employer shall require every employee of his to complete the appropriate parts of Form SS1A prescribed in the Schedule, which shall be certified by an Inspector of the Trust.

(2) Where an employee is unable to complete the form himself he shall supply the employer or his authorized agent with the necessary particulars for the completion of the form.

(3) A self-employed person may register by completing Form SS1A or Form SS3, as the case may be, certified by an Inspector of the Trust and such other Form as the Director-General may require.

Social
Security
registration
number.

5. The Director-General shall cause to be given to each employee upon registering, a Social Security registration number, which shall be incorporated into the Social Security Identification Card.

Employee
to produce
certificate
of member-
ship.

6. An employee who is already a member of the scheme shall produce his certificate of membership to every new employer, or where the certificate is lost, he shall produce such other evidence of his membership and registration number as he may possess.

Cessation of
employment.

7. (1) An employer shall notify the Director-General within thirty days after an employee ceases to be employed by him.

(2) An employer shall notify the Director-General within thirty days after the establishment ceases to operate.

(3) An employee may also report to or notify the Director-General of the matters specified in sub-regulations (1) and (2).

PART II—CONTRIBUTIONS

8. (1) Every employer or self-employed person shall pay into the Trust the contributions prescribed under section 25 of the Act within fifteen days after the end of the month to which the contributions relate. Payment of employment contributions.

(2) If a person is currently employed by two or more contributing employers in the same contributing period, the total of all such contributions shall be credited to such person under the same social security membership.

9. Notwithstanding anything in any law to the contrary, a person who assumes responsibility as an employer of an establishment shall be held responsible for the payment of any contribution or other monies due to the Trust and the submission of any document to the Director-General in respect of which the previous employer was in default. Employer's obligation under Act and Regulations.

10. The payment of contributions and other monies due to the Trust shall be made— Manner of payment.

- (a) at the nearest Area Office of the Trust;
- (b) by money order, postal order, crossed cheque bearing the words "A/C Payee Only" or draft drawn on any Bank in Sierra Leone made payable to the Trust and delivered to the Head Office of the Trust or the nearest office of the Trust or at any approved point; and
- (c) in such other manner as the Director-General may from time to time authorize in writing in any particular case or class of cases.

Payment of contributions to be accompanied by Form SS4A.

11. (1) All payments of contributions to the Fund shall be accompanied by Form SS4A duly completed or by such other forms, diskettes or other communication media as the Director-General may authorize in writing.

(2) An employer or self-employed person may make one consolidated payment for all his branches, sub-offices and depots if separate contribution schedules are furnished in respect of each branch, sub-office or depot, and the amounts in respect of each unit are distinctly indicated.

Contribution schedules.

12. The contribution schedule referred to in regulation 11 shall disclose such information as may be required including the following:-

- (a) the employer's name, location and postal address and registration number;
- (b) the manner of payment of the contribution;
- (c) the name and registration number of each employee;
- (d) the employee's earnings;
- (e) the contribution deducted from his earnings;
- (f) the employer's contribution in respect of that worker; and
- (g) the total of all contributions due to the Trust for the period concerned.

Official receipt required for payment.

13. No receipt other than the official receipts in Form SS4B dated, stamped and endorsed by an authorized Trust official shall be sufficient to discharge payment in respect of contributions or other monies owed to the Trust.

14. (1) Where the Director-General is satisfied that any amount has been paid to the Trust which was not due, he may, subject to these Regulations, refund the amount to the person entitled to it but no refund shall be made where the member of the scheme or his dependants have already been paid the amount as benefit. Refund of contributions and other payments not due.

(2) The Director-General may withhold the whole or any part of the amount referred to in sub-regulation (1) against any monies due to the Trust from the person to whom the amount concerned would otherwise have been paid.

(3) The Director-General may require the person who made an undue payment to make a written application for a refund and to furnish such information as may be necessary to determine the amount of the undue payment and the circumstances in which it occurred.

(4) If a person is concurrently employed by two or more contributing employers in the same contribution period, the total of all such contributions shall be credited to such person under the same social security membership number, within that period.

15 (1) Any employer shall keep records of pay showing in respect of every employee the name of the employee, the employee's social security registration number, the pay of the employee and the deductions of the contribution to the Trust. Record of pay.

(2) Sub-regulation (1) shall apply with the necessary modifications, to the records of earnings which a self-employed person shall keep.

16. The employer or self-employed person shall preserve the records referred to in regulation 15 for a minimum of twelve years after the end of the period to which the pay relates. Preservation of records.

17. The Trust shall maintain for each employer records showing contributions paid by him and those due from him. Employer's record of contributions.

Member's
record.

18. The Trust shall maintain in respect of each member a record of payments of contributions made by and on behalf of the member.

PART III-FORMS

Signature and
thumbprint
of document

19. (1) Any document used in connection with the scheme, which requires the signature of a member of the scheme, may be signed with his written signature authenticated by a clear impression of his right thumb.

(2) The thumb impression and the signature, if any, shall in the case of the member's part of Form SS1B, prescribed in the schedule, be witnessed and countersigned by the employer or by an authorized representative of the employer or self-employed person or by an authorized representative of the Director-General:

Provided that-

- (a) where for any reason it is not possible to furnish the right thumb impression of the member he may furnish a clear impression of his left thumb;
- (b) where for any reason it is not possible for the member to furnish any thumbprint, the Director-General may accept such other mark or identification as he thinks fit.

Change of
dependency
status.

20. (1) A member who has made any change as to dependants to an extent that will affect the payment of survivor's pension must complete Form SS1C prescribed in the Schedule.

(2) The employer shall -

- (a) afford the member every facility for the purposes of sub-regulation (1);
- (b) forward the completed form to the Director-General; and

- (c) obtain and hand over to the member the Director-General's acknowledgement of the form.

(3) An updated form which does not reach the Trust before the occurrence of death of a member shall not be considered valid for the purposes of paying survivor's benefit.

21. (1) The Director-General may, where the original certificate of membership of a member is lost and after conducting any investigations as he thinks necessary into the loss, issue a duplicate certificate of membership to the member on payment of a fee to be determined by the Board annually. Duplicate certificate membership

(2) The duplicate certificate shall be endorsed with the word "DUPLICATE".

22. Every member shall furnish to his employer all information and produce any documents necessary for the completion of returns prescribed by these Regulations and required to be made by his employer. Employee furnish information to employ

23. (1) If the Director-General has cause to believe that any document required under these Regulations is incomplete, inaccurate or is not clear enough to identify the person concerned, he may return the document to the sender. Incomplete or inadequate document.

(2) The sender shall comply with all lawful directives given to him by the Director-General and shall, within ten days after the receipt by him of the document complete and forward to the Director-General a fresh document in place of the original or return the original document corrected and authenticated as may be required by the Director-General.

24. (1) A form or document used in connection with the Scheme shall not be deemed invalid by reason only of the inclusion therein of additional matter or of any variation in its wording by the Director-General or his representative. Variation of forms.

(2) Any form prescribed by these Regulations may be altered or amended by the Director-General or his representative to suit any particular case and shall be valid for all purposes.

Forms in Schedule not referred to in Regulations.

25. Any form prescribed in the Schedule but not specifically referred to elsewhere in these Regulations may, where necessary, be used for the purposes for which the form is designed.

Forms obtainable from the Director-General.

26. (1) The forms prescribed under these Regulations may be obtained from the Director-General or any other officer as may be notified for the purpose upon the payment of a fee where applicable.

(2) Any delay in the receipt of any prescribed form from the Director-General shall not absolve the employer or self-employed person from his responsibility for making any payment to the Trust on the due date and any failure to make any payment shall be deemed a contravention of these Regulations accordingly.

PART IV—BENEFITS

Application for pension.

27. An application for a benefit under the Act shall be made on the appropriate form prescribed in the Schedule and delivered to the Director-General.

Old age pension.

28. (1) An application for old age pension shall be made on Form SS5A prescribed in the Schedule.

(2) An application for old age pension shall be made three months prior to the date of retirement of the member.

(3) Sub-paragraph (1) and (2) shall apply to an application for any benefit under section 40, 41 or 42 of the Act.

Reduced pension.

29. Any reduced pension payable to a member who voluntarily retires before the age of 60 shall be equivalent to a full pension reduced by 4 percent for each year below the age of 60.

30. (1) The date of birth of, or any information on a member entered in the records of the Trust shall be deemed to be correct unless the Director-General has reason to believe that the information, was not correctly stated.

Date of birth
or age of
member.

(2) Where the Director-General believes that the date of birth of a member has not been correctly stated, he may—

(a) ask to be furnished with further evidence of age; and

(b) assess and substitute what he considers to be the correct age.

(3) Where a member is unable to state his date of birth, the Director-General or his representative shall estimate his age from appearance or any other known facts and shall record a date of birth on the appropriate form with the member's consent and it shall be so indicated.

(4) An applicant's claim of retirement must be supported by the employer's endorsement but the Director-General may dispense with that endorsement and accept other evidence in support of the application.

31. (1) An application for invalidity pension shall be made on Form SS5A prescribed in the Schedule, which shall be endorsed by the employer and a Medical Practitioner and forwarded to the Director-General.

Invalidity
pension.

(2) The Director-General shall forward the application to a Medical Board set up under subsection (4) of section 43 of the Act for certification.

(3) Upon certification by the Medical Board the member shall be paid invalidity pension.

(4) An invalid who rejoins the scheme as a contributor after he has been certified by a Medical Board to have fully recovered shall not lose his previous contributions.

(5) An application for invalidity pension submitted by a person shall not be entertained if the injury that caused the invalidity occurred after the person has attained 60 years of age or is already receiving pension.

Survivors
pension.

32. (1) An application for survivors pension shall be made on Form SS5B prescribed in the Schedule.

(2) The applicant shall produce with his application—

- (a) a certificate of death or a letter from the Local Council of the member or both; and
- (b) except where an applicant is a dependant, letters of administration.

(3) . Where subsection (1) or (2) is not applicable, the Director-General shall require an affidavit or statutory declaration establishing the applicant's identity and his relationship to the deceased.

Director-
General to
authorize
payment.

33. Notwithstanding anything in this Part, the Director-General may, after such enquiry as he may consider reasonable, pay the pension to the person or persons whom he considers best entitled to it and no claim from any other person shall lie against the Trust in respect of the payment.

Applicant for
pension to
make
statutory
declaration.

34. The Director-General may require any person who has made an application for pension to make a statutory declaration or affidavit as to the truth of any statement of fact made by him in the application or in support of any evidence adduced by him.

Manner of
payment of
pension or
refund of
contribution.

35. The payment of a pension or the refund of a contribution duly authorized shall be made by the Director-General by such means as the Director-General may think fit in any particular case.

36. A receipt in Form SS6B prescribed in the Schedule for the benefit payment made by the Trust shall be completed and given by the payee to the Director-General. Acknowledgement of receipt of pension.

37. The posting of a registered letter containing an Instrument of Payment sent in pursuance of these Regulations and addressed to the person concerned at the address furnished on the application form shall, as regards the liability of the Trust, be equivalent to the delivery of the Instrument of payment to the person to whom the letter was addressed: Payment through post.

Provided that where the Director-General is satisfied that an Instrument of Payment has not for any reason been received by the payee, he may on receipt of a duly executed indemnity to the Trust, issue a duplicate instrument of payment.

38. Where a member or his survivor, entitled to a pension or a grant under the Act or under these Regulations is a minor or of unsound mind or suffering from any other disability rendering him unfit to manage his own affairs, anything required to be done by him shall be done on his behalf by any person appointed by order of the High Court or other Court of competent jurisdiction or under customary law and any amount payable to that person may be paid to the person appointed to administer his affairs in accordance with the order of the Court or under customary law. Minor and persons of unsound mind or other disability.

39. Where the Director-General is satisfied that no such person as is referred to in regulation 38 has been appointed by a Court or under customary law, he may, if he thinks fit, and depending on the money due and payable to the member or survivor as the Director-General may decide, approve the payment of the amount or any part thereof to any other person who satisfies him that he is a proper person entitled thereto, and will apply the amount for the maintenance and benefit of that minor or person of unsound mind or other disability. Director-General's discretion.

PART V—FINANCE AND ACCOUNTS

Annual
report.

40. The Board shall, not later than six months after the end of each financial year, submit to the Minister an annual report, including a balance sheet, and income and expenditure account.

Actuarial
report.

41. Actuarial evaluation of the scheme shall be submitted by the Board to the Minister every three years for the first ten years and then every five years thereafter.

PART VI—APPEALS FROM DECISION OF TRUST

Appeals
Tribunal.

42. (1) Any person dissatisfied with an initial determination of a claim about entitlement to a benefit under the Act may lodge an appeal with the SSAT disclosing the following:—

- (a) full name and, if the appellant is a member his membership registration number;
- (b) the grounds on which he disputes the previous determination or decision;
- (c) a statement of any additional evidence to be submitted and the date of submission.

(2) An appeal referred to in sub-regulation (1) shall be lodged within thirty days from the receipt of the decision being appealed against.

(3) The members of the SSAT shall be remunerated per sitting at the rates payable to the members of the Board.

Medical
Appeals
Tribunal.

43. (1) Any person dissatisfied with an initial decision of the Medical Board under the Act may lodge an appeal with the M. A. T. disclosing the following:—

- (a) full name and if the appellant is a member, his membership registration number;

- (b) the grounds on which he disputes the previous determination or decision;
- (c) a statement of any additional evidence to be submitted and the date of submission.

(2) An appeal referred to in sub-regulation (1) shall be lodged within sixty days from the receipt of the decision being appealed against.

(3) The members of the M.A.T. shall be remunerated per sitting at the rates payable to the members of the Board.

PART VII—GENERAL

44. (1) No person, body of persons or authority to whom these Regulations apply shall register, license or grant a permit or authorization to any employer or self-employed person for any purpose whatsoever, unless such employer or self-employed person produces a valid and relevant Social Security Clearance Certificate, in Form SS8, prescribed in the Schedule. Social Security clearance certificate to be furnished.

(2) No licence or authorization shall be issued to any employer or self-employed person to export, import or clear goods intended for sale from any port or factory in Sierra Leone unless the employer or self-employed person produces to the Commissioner-General of the National Revenue Authority a valid and relevant Social Security Clearance Certificate.

(3) An alien employer may not be permitted to leave Sierra Leone unless he produces to the appropriate immigration authorities a valid and relevant Social Security Clearance Certificate issued in respect of his establishment.

(4) Where an authority or person is empowered by any enactment to grant or permit any authorization in respect of the construction of any building or the execution of any work on any building, that authority or person shall not grant the permit or

authorization unless the employer applying for the permit or authorization produces to the authority or person a valid and relevant Social Security Clearance Certificate.

(5) Where any authority or person is empowered by any enactment to effect the registration of any document conferring title to land, that authority or person shall not effect the registration of the documents to any employer unless there is produced to the authority or person a valid and relevant Social Security Clearance Certificate.

(6) Unless the Director-General otherwise directs, no Authority or other person responsible for the award of any contract for the execution of works or for the performance of a service for valuable consideration shall award or pay for the contract to any employer or self-employed person unless the employer to whom the contract is awarded or payment is to be made, produces a valid and relevant Social Security Clearance Certificate.

(7) A Social Security Clearance Certificate shall be valid for a period of three months or such further period as the Director-General may determine but may be revoked by the Director-General if the employer or self-employed person fails to fulfill his obligations under the Act or these Regulations.

(8) For purposes of these Regulations, " Social Security Clearance Certificate" means a certificate issued by the Director-General, certifying that all social security contributions due from an employer or self-employed person have been paid and that all relevant information has been supplied or that such employer or self-employed person has made arrangements satisfactory to the Director-General for the payment of contributions and for the supply of relevant information.

Purchase of credits.

45. (1) The formula for the purchase of additional periods of contributions shall be as follows:—

$$\text{Cost of validation} = S \times N \times F$$

S = Annual Salary at the point of Validation

N = The number of years of validation

F = Factor at age at time of purchase, by sex.

SCHEDULE

(Forms SS1A-SS8)

FORM SS 1A



**REPUBLIC OF SIERRA LEONE
MEMBER'S REGISTRATION FORM
NATIONAL SOCIAL SECURITY AND INSURANCE TRUST ACT, NO: 5, (2001)**

SERIAL NUMBER

SS No.

--

Please note that you are liable to prosecution in the event of any false declaration under the Social Security Act.

Member's Name	Surname	First Name	
	Middle Names		
Previous Or Maiden Name	Surname	First name	
	Middle Names		
Permanent Address			
Current Address			
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Nationality		Country of Birth	Sex
Place of Birth	Province	District	
	Chiefdom	Town	
Date of Birth	Day/Month/Year	Date joined Scheme	Day/Month/Year
Nature of Income Daily/Monthly/Other		Income	Occupation/civil Status
Name of Father	Surname	First Name	
	Others		
Name of Mother	Surname	First Name	
	Middle Names		Maiden Name
Employer Details	Name	E. R. Number	
	Address	Telephone/Fax/E.mail	

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.....

Date:.....

Signature:.....

R
T
P

FORM SS 1B

REPUBLIC OF SIERRA LEONE



NATIONAL SOCIAL SECURITY AND INSURANCE TRUST ACT, NO. 5, (2001)
MEMBERSHIP REGISTRATION FORM (COMPUTER GENERATED) RECORDS

SERIAL NUMBER

SS No.

--

Please note that you are liable to prosecution in the event of any false declaration under the Social Security Act.

Member's Name	Surname	First Name
	Middle Names	
Previous Or Maiden Name	Surname	First name
	Middle Names	
Permanent Address		
Current Address		
Martial Status	Single <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Nationality	Country of Birth	Sex
Place of Birth	Province	District
	Chiefdom	Town
Date of Birth	Day/Month/Year	Date joined Scheme Day/Month/Year
Nature of Income Daily/Monthly/Other	Income	Occupation/civil Status
Name of Father	Surname	First Name
	Others	
Name of Mother	Surname	First Name
	Middle Names	Maiden Name
Employer Details	Name	E. R. Number
	Address	
	Telephone/Fax/E.mail	

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..... **R**

Place of issue..... **T**

Date:..... **P** Signature:.....

IMPORTANT: KEEP THIS SLIP SAFELY AND PRODUCE IT FOR PHOTO VERIFICATION



REPUBLIC OF SIERRA LEONE
 NATIONAL SOCIAL SECURITY AND INSURANCE TRUST
 ACT, NO. 5, (2001)

**Member's Information Update and Application
 for replacement of Social Security ID Card**

Tick where applicable

Social Security Number

THAT Change of Name

Change of Beneficiary

Membership SS ID

(Appropriate fee to be paid)

INSTRUCTION FOR COMPLETING FORM

For Membership SS ID and Change of Name, complete Sections A & C

For Change of Beneficiary complete Sections A, B & C

Witness to complete Section D

SECTION A

Member's Name	Surname	First Name
	Middle Names	
Previous Name or Maiden Name	Surname	First Name
	Middle Names	
Contact Address	Current	
	Permanent	
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	

SECTION B

Name of Dependant	Date of Birth	SS No. (If any)	Relationship to Member	Sex	Permanent Address

Please note that you are liable to prosecution in the event of any false declaration

SECTION C



L
T
P



R
T
P

.....
Signature of Contributor

.....
Signature of Completion

SECTION D

QUALIFIED WITNESS

The following are qualified to witness the completion of this Form

- 1. Employer or his Representative
- 2. Senior Public or Civil Servant
- 3. Lawyer/Magistrate/Judge

I CERTIFY THAT:

- 1. Completion of this Form was supervised by me
- 2. The Thumb Print and Signature on the Form are those of the worker

Name of Witness.....

Title of Witness.....

Address of Witness.....

Signature of Witness.....

FOR NASSIT OFFICE ONLY

Office Code.....Ref. Code.....

Receipt No.....Date.....

FOR NASSIT RECORD OFFICE ONLY

Investigator's comments on TP

.....
.....
.....

Investigator's Name and Signature.....

HEAD OFFICE
REG. NO.



FORM SS 2A
REG. NO.

REPUBLIC OF SIERRA LEONE
NATIONAL SOCIAL SECURITY AND INSURANCE TRUST
ACT NO. 5 (2001)
EMPLOYER'S REGISTRATION FORM

Name of Employer

Title of Person to be contacted about Social Security

Postal Address of Employer

Telephone Number

Name and Address of Head Office

Telephone Number

Nearest Social Security Office

Employer's Economic Activity (Description)

FOR OFFICIAL USE ONLY	
Classification	
Inspection Code	
Coverable Date	
Print Option	
Sort Option	
Location	
Head Office No.	
No. of Workers	
Prov. Cont. Levels	
Economic Activity	

Number of Workers ()

Estimated Annual Pay ()

Date coverable by the Social Security Act No. 5.....

(Date of commencement)

I hereby certify that

- (a) The information given above are accurate and true.
- (b) I have completed and submitted Worker's Registration Forms in respect of all my Employees.
- (c) I understand the provisions of the Act and Regulations relating to the payment of contributions promptly and in full and will contribute accordingly.

Date.....200.....

Signature of Employer or his Authorised Agent.

HEAD OFFICE
REG. NO.



FORM SS 2B
REG. NO.

REPUBLIC OF SIERRA LEONE
NATIONAL SOCIAL SECURITY AND INSURANCE TRUST
ACT NO. 5 (2001)
EMPLOYER'S REGISTRATION UPDATE FORM

Previous name and Address

New Name and Address of Business

Name of Employer

Title of Person to be contacted about Social Security

Postal Address of Employer

Telephone Number

Special direction to Premises/Actual Location

Nearest Social Security Office

Name and Address of Head Office

FOR OFFICIAL USE ONLY	
Classification	
Inspection Code	
Coverable Date	
Print Option	
Sort Option	
Location	
Head Office No.	
No. of Workers	
Prov. Cont. Levels	
Economic Activity	

Telephone Number

Employer's Economic Activity (*Description*)

Number of Workers ()

Estimated Annual Pay ()

Date Coverable by the Social Security Act No. 5

I hereby certify that—

The information given above are accurate and true.

I have completed and submitted Worker Registration Forms in respect of all my Employees.

I understand the provisions of the Act and Regulations relating to the payment of contributions promptly and in full and will contribute accordingly.

Date.....200.....

.....
Signature of Employer or his Authorised Agent.



FOR OFFICIAL USE ONLY

REC. NO.

**Application for Membership
(Self-Employed)**

Surname..... First Name.....

Maiden Name..... Other Name.....

Social Security Number (If Any).....

Postal Address.....

Telephone No..... Fax No.....

Residential Address.....

Business Name.....

Business Address.....

Country of Residence.....

Name and location of previous Employer (s) if any:—

(a).....

..... From..... To.....

(b).....

..... From..... To.....

(c).....

..... From..... To.....

Current Employer/Business.....

Declared Annual Income Le.....

P.T.O

Frequency of Payment

(a) Monthly

(b) Quarterly

(c) Half-yearly

(d) Yearly

Coverable Date.....

Effective date of Contribution.....

- (a) I am currently Self-employed
- (b) I shall abide by all Rules and Regulations pertaining to my Membership
- (c) All information hereby given by me is accurate and true

Signature of Applicant.....Date.....200.....

Thumb Print of Applicant

Left Thumb Print

Right Thumb Print



REPUBLIC OF SIERRA LEONE
 NATIONAL SOCIAL SECURITY AND INSURANCE TRUST
 ACT NO. 5 (2001)

FORM SS 4A

Advice of Payment of Contributions

Name of Employer..... E R No.....

Address.....

Tel:..... Fax:..... SS No.....

(For Voluntary Contributors Only)

PAYMENT INFORMATION

Indicate the months (s) for which payment relate (s)

Month	Year	No. of Employees	Amount	
			Le	c
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
INTEREST				
PENALTY				
TOTAL				

MODE OF PAYMENT

Cheque Cash Others

1. Cheque No.....

Cheque Date.....

Bank/Branch.....

2. Cheque No.....

Cheque Date.....

Bank/Branch.....

3. Others.....

Contribution Report

Magnetic

Pre-Printed

Manual

.....
 Employer's Signature.

OFFICIAL USE ONLY

I Certify that the Amount has been verified on the Pay-in-Slip

OFFICIAL RECEIPT NO.

DAY

MONTH

YEAR

N.B. THIS FORM SHOULD BE FORWARDED IMMEDIATELY TO
 THE DIRECTOR-GENERAL ATTACHED TO EITHER

(A) THE DUPLICATE COPY OF THE PAY-IN-SLIP

(B) THE DUPLICATE COPY OF THE OFFICIAL RECEIPT

OR (C) THE REMITTANCE

.....
 Official's Signature.



NATIONAL SOCIAL SECURITY AND INSURANCE TRUST

PMB 424, LIGHTFOOT BOSTON STREET, FREETOWN, SIERRA LEONE

TEL.: 292215, E-mail nassit@sierratel.sl

OFFICIAL RECEIPT

RECEIPT DATE

RECEIPT NUMBER

Received from:

the sum of:

Le



on account of:

Employer/SS/Staff No.:

by Cash/Cheque No:

.....
For Director-General

Station:

Form SS 4B



REPUBLIC OF SIERRA LEONE
NATIONAL SOCIAL SECURITY AND INSURANCE TRUST
 ACT NO. 5 (2001)

FORM SS 5A

The Director-General
 NASSIT
 Private Mail Bag 424
 Freetown



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APPLICATION FOR PAYMENT OF RETIREMENT AND INVALIDITY PENSION

IMPORTANT

Any person who makes a false statement or representation or produces or furnishes or causes to be furnished any information which he/she knows to be false in a material particular is guilty of an offence under the Social Security Act No. 5 (2001).

A. Particulars of applicant (Old Age/Invalidity):

Applicant's SS No.	Date joined Scheme			Date of Birth			Date of Claim		
	Day	Month	Year	Day	Month	Year	Day	Month	Year

Nationality:.....Passport No./Laissez Passer:.....

Permanent Address:.....

Location:.....Tel./Fax No.:.....

	Surname	First Name	Other Names
Applicant's full Name			
Previous/Maiden name			
Father's Name			
Mother's Name			

B. Conditions of Application:

The condition under which I claim payment of Pension is marked X below

- (a) I have attained the age of.....and have contributed for.....months and wish to retire.
- (b) I am a permanent invalid and attach Medical Certificate to that effect.

C. Payment Instructions:

I instruct that my Pension be paid to.....

Name of Bank.....Branch/Town.....

Account No.:.....

On Cash.....Area.....

D. Family Information Up-date:

I hereby declare that the person(s) mentioned below to receive my benefit in the event of my death are my nominees. This nomination supersedes all my previous nomination(s)

Nominee	Age	SS Number	Relationship	%	Permanent Address/ Home

NB: Use extra Sheet if necessary

E. Additional Information

Period of previous Payment (if any)

Amount: Le: District Office:

Establishment Name: E R No.:

NB.
My Membership Certificate is attached.
My Membership Certificate is not attached.

Signature of Applicant: Date:



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F. Last Employer Application:

I hereby certify that the applicant is my employee and has ceased/was ceased to be employed by me with effect from (day/month/year).....

Name and Address of last/current Employer:

..... E.R. Number:

..... Date

Signature and Seal or
Stamp of Employer or
Self-Employed

FOR OFFICE USE

1. Thumb Prints
Identical/Not identical

2. Other Information:

- (a) Blurred Thumb Prints
- (b) No Thumb Prints
- (c) Micro Extract (No Trace)

.....
Signature of Identification Officer

.....
Head of Records



The Director-General
 NASSIT
 Private Mail Bag 424
 Freetown

Application for Payment of Survivor's Benefit

Name of Deceased Member	SS No.	
Name of Claimant	Surname	Other Names
Permanent Address		
Current Address (If different from above)		
Name of claimant's Father	Surname	Other Names
Name of Claimant's Mother	Surname	Other Names

Declaration: I, the undersigned being the person to receive the whole or part of the Pension/Benefit hereby declare that I am a dependant of the deceased by virtue of being his/her.....
 I further declare that the foregoing facts as stated, are within my personal knowledge and believe same to be true.

.....
 Signature of Claimant



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Declare at.....this Day.....of 200.....
 Address.....Signature.....



REPUBLIC OF SIERRA LEONE
NATIONAL SOCIAL SECURITY AND INSURANCE TRUST
ACT NO. 5 (2001)

FORM SS 5C

Our Ref: _____

National Social Security and Insurance Trust
NASSIT
Private Mail Bag 424
Freetown

The Director-General
National Social Security and Insurance Trust
NASSIT
Private Mail Bag 424
Freetown

Reporting Death of a Member

I, _____
do report the death of Mr./Ms./Mrs./Dr. _____
whose death occurred at _____ on _____

His/Her last place of work was _____

Attached please find his/her Social Security Card
No. _____ and evidence of death
Address of person reporting _____

Signature: _____



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Date: _____



To the Director-General
 National Social Security and Insurance Trust
 NASSIT
 Private Mail Bag 424
 Freetown

Pension Payment Advice Form

			Claim Type
Name of Pensioner	Surname	First Name	Other Names
Permanent Address			
Social Security No.			
Date joined Scheme	Date of Retirement	No. of Months Contributed	Date of Birth
Name of last Employer			Employer Registration Number

Salary: Best Five Years

Year	1	2	3	4	5	Average
Salary						

Computation of Benefits

Pension Right Earned		Indexed Average:.....	
Classification	Monthly Pension (Full)	Gratuity Due	Monthly Pension (Reduced)
Amount			
Bank of Regular Payment			
Payment Date	Bank Account No.:		

Date.....

*Head of Claims Department
 for Director-General.*



REPUBLIC OF SIERRA LEONE
NATIONAL SOCIAL SECURITY AND INSURANCE TRUST
ACT NO. 5 (2001)

FORM SS 6B

To the Director-General
National Social Security and Insurance Trust
NASSIT
Private Mail Bag 424
Freetown

Cheque No.:
Date:
Originating Office:

Acknowledgement of Receipt of Benefit Payment

Received the sum of Leones
(Le) Cents (c.....)

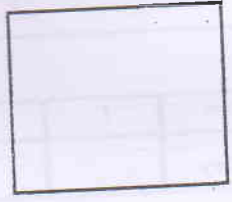
Being the amount in respect of benefit

Name of Member.....

Name of Payee..... **Right Hand Thumb Print of Payee**

Signature of Member.....

Signature of Others.....



EXEMPT

FROM

STAMP DUTY

Member's Registration Number:.....

For use in Director-General's Office Only

The above amount was authorised by:.....
on the.....

.....
Signature of Officer.



**Authority to receive the Amount of Benefit
 on behalf of Claimant**

Important:

*When completed the Form must be Stamped a Power of Attorney
 Under the Stamp Duties Ordinance*

Social Security Number

For Official Use Only
Cheque No.:.....
Date of Cheque:.....

--

To Whom it may Concern

The undersigned being the person entitled to benefit on a return of contributions on the above described Account hereby authorise.

Mrs./Miss.....whose signature and thumb Impression are here under affixed to receive on my behalf the sum due to me for which sum the receipt of the above name person shall be a proper discharge

Witnessed this.....day of.....

Issued in the presence of.....

Address.....

Status or Title.....

Signature of Entitled Person

Signature of Authorised Person

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Thumb Print of Claimant

When the person given the authority cannot read and write English, the following certificate should also be signed and certify that this authority, before been signed by the said..... has been first audibly clearly and distinctly read over and explained to him/her in my presence and hearing. When the said person appeared perfectly to understand same and made his/her mark here to

Signature of Witness.....

Form to be signed in the presence of a Person of the following classes

- | | |
|--|---|
| 1. A Magistrate | 5. A Registered Medical Practitioner |
| 2. A Justice of the Peace | 6. An Advocate or Solicitor |
| 3. An Officer-in-Charge of Police District | 7. Employer |
| 4. A Senior Civil/Public Servant | 8. A Consul or Officer of no less status outside Sierra Leone |



FORM SS 8
REPUBLIC OF SIERRA LEONE
NATIONAL SOCIAL SECURITY AND INSURANCE TRUST
ACT NO. 5 (2001)

CLEARANCE CERTIFICATE

I hereby certify that.....

ERNO.....

has complied with the National Social Security and Insurance Trust Act No. 5 (2001)

To.....

This Certificate is valid from.....

Director-General

MADE this 12th day of December, 2003.

ALPHA O. TIMBO,
*Minister of Labour, Social Security
and Industrial Relations.*