REPUBLIC OF NAMIBIA SOCIAL SECURITY COMMISSION SOCIAL SECURITY ACT, 1994

The Chief Executive Officer Social Security Commission Private Bag 13223 Windhoek

	RN ACCOMPANYING PAYMENT OF CONTRIBUTION I	
	TO	
*	(Section 22/Regulation5) TO BE COMPLETED IN BLOCK LETTERS	***
Name of Employer:		
Postal Address:		
Social Security Nun	ber:	
	PARTICULARS OF EMPLOYEES	0

Surname	Initials	Occupation	Social Security Registration Number	Monthly Remunerat	ion	Amount of Contribution deducted	n
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Certify that the a		Total Amount Paid over	(Full I		nd capacity)	
Certify that the a	a names of e	ulars are true and correct. employees whose services have	DATE been terminat	2		
Certify that the a EMPLOYER Please submit the	names of e	employees whose services have	DATE been terminat	ted on F	10(B).	
Certify that the a EMPLOYER Please submit the	names of e	ulars are true and correct. employees whose services have	DATE been terminat	ted on F	10(B).	
Certify that the a EMPLOYER Please submit the	names of e	employees whose services have	DATE been terminat	ted on F	10(B).	