REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

Form10 (B)

The Chief Executive Officer
Social Security Commission
Private Bag 13223
Windhoek

TERMINATION OF SERVICE
(Section 22/Regulation 9)
TO BE COMPLETED IN BLOCK LETTERS

Name of Employer: .....

Postal Address: .....

Social Security Registration Number: .....

*PARTICULARS OF EMPLOYEES *

Surname	Initials	Social Security Registration Number	Last Date of Termination Of Service

PLEASE TURN OVER

Surname	Initials	Social Security Registration Number	Last Date of Termination Of Service

I, ...(full name and capacity)
Certify that the above particulars are true and correct

....
Employer **Date**

FOR OFFICIAL USE

Checked: _____ Date: _____

Remarks: _____