ZANZIBAR SOCIAL SECURITY FUND

INSPECTION FORM

Date of Inspection …….. Arrival Time …….

PART A: EMPLOYER'S DETAILS

Name of the Employer…… Employer ZSSF No ……..

Employer's Participant (s)

1. Name …… Mobile No …….
2. Name of the Owner …….. Mobile No ……

PART B: THE EMPLOYER'S CONFIRMATION

(Employer is required to confirm if ZSSF Inspectors visited its premise)

This is to confirm that, the Fund Inspector (Group Leader) ……visited my premises on ……. For the purpose of conducting:

Routine Inspection ( ) Follow up Inspection ( ) Survey Inspection ( )

Name: …… POSITION …….. Signature ……

PART C: INSPECTOR'S DECLARATION

I hereby declare that, I have visited employer's premises and conducted…… INSPECTION and that, my findings are summarized below: (NOTE: If the space provided is insufficient may use an extra sheet)

Findings: ……

……

……

……

Group Leader …… Signature …… Date……..

Inspector's Name …… Signature …… Date……..

Inspector's Name …… Signature …… Date……..

Inspector's Name …… Signature …… Date……..

Driver's Name …… Signature …… Date……..

Remarks of the Head of Compliance Unit ……

……

Signature …… Date ……