MFUKO WA HIFADHI YA JAMII ZANZIBAR
ZANZIBAR SOCIAL SECURITY FUND
P. O. BOX 2716 ZANZIBAR

USAJILI WA MUAJIRI EMPLOYERS REGISTRATION **SECTION 18 (1) (a)** **OF THE ZSSF ACT** **NO. 2 OF 2005**	NAMBA YA USAJILI YA MUAJIRI	EMPLOYER'S REGISTRATION NUMBER .....

MUHIMU: Kabla kuanza kuijaza fomu hii tafadhali soma Maelekezo yalioambatanishwa.

IMPORTANT: Before attempting to complete this form, please read carefully the attached notes.

TAFADHALI TUMIA HERUFI KUBWA:

PLEASE USE BLOCK LETTERS:

1. Jina kamili la Mwajiri .....
   Full Name of Employer.
2. Sanduku la Barua .....
   Postal Address.
3. Namba ya Simu .....
   Telephone No.
4. Jina la Mtaa .....
   Physical Address.
5. Ainisha Mwajiri: Binafsi / Wizara ya Serikali / Shirika .....
   State Employer Type: Private /Government Ministry/ Organization.
6. Aina ya Shughuli / Biashara .....
   Nature of business.
7. Tarehe ya Kuanza Kuwasilisha Michango .....
   First Contribution Date:

8. Waajiriwa wangapi ulianza nao / utaanza nao? .....
How many employees did you have / will you have at the start?

9. Mfuko una haki ya kudai michango tangu tarehe iliyopita ikiwa itaonekana kuwa ni muhimu kufanya hivyo.

The Fund reserves the right to demand contributions from an earlier date should circumstances indicate it is necessary to do so.

10. Waajiriwa Wangapi Unao Hivi Sasa? .....
How Many Employees Do You have now?

11.

AINA YA MKATABA **TYPE OF CONTRACT**	W / WAKE **FEMALE**	W / UME **MALE**
MKATABA / **CONTRACT**		
KIBARUA / **CASUAL**		

12. Unatakiwa kujaza fomu SSF 2 iliyoambatanishwa na kuiwasilisha pamoja na fomu hii katika ofisi ya Mfuko wa Hifadhi ya Jamii Zanzibar.

You are required to complete Form SSF 2 attached and submit it together with this form to the ZSSF Office.

UTHIBITISHO / UTHIBATI.

CERTIFICATION BY EMPLOYER.

Nathibitisha kuwa taarifa iliyotolewa katika maombi haya ni kamili, sahihi na inanifunga kisheria.

I certify that the information provided in this application is complete, accurate and legally binding upon me.

Saini ya mmiliki wa shirika/kampuni .....
Owner of entity/Company sign.

Jina kamili la Mwenye dhamana. .....
Name of Authorized person.

Saini ya Mwenye dhamana. .....
Signature of Authorized person.

Muhuri rasmi wa Muajiri. Tarehe:.....
Employer Office Stamp. Date:

Simu: +255 24 2230242
Phone:

Email: info@zssf.or.tz Website: www.zssf.or.tz

MAAGIZO YA UJAZAJI WA FOMU SSF 1
INSTRUCTION FOR COMPLETING FORM SSF 1

1) Ambatanisha nyaraka zifuatazo:-
   - **Ikiwa ni kampuni:** Cheti cha BPRA, Memorandum na Consolidated Form.
   - **Ikiwa ni partnership:** Cheti cha BPRA na Mkataba wa Ushirikiano (Partnership Deed)..
   - **Ikiwa ni NGO:** Cheti cha BPRA na Katiba ya NGO.

   Attach the following documents:-
   - **If Company:** BPRA Certificate, Memorandum and Partnership deed.
   - **If Partnership:** BPRA Certificate, Memorandum and Partnership Deed.
   - **If NGO:** NGO Registration Certificate, BPRA Certificate and Memorandum.

2) Nakala ya fomu hii lazima ijazwe na kuwasilishwa na mwajiri katika ofisi za ZSSF S.L.P. 2716 Zanzibar, ndani ya siku 14 tangu kulazimika kusajili.

   The employer must complete this form and submit it to the ZSSF Office, P.O. Box 2716, Zanzibar, within 14 days of becoming liable for registration.

   Baada ya kupokelewa na kukubaliwa kwa maombi haya, Mfuko utatoa Shahada ya Usajili.

3) ZSSF shall issue a Certificate of Registration upon receipt and approval of this application.

   Taarifa Muhimu zinazohitajika kuwasilishwa:

   Important information that must be submitted:

(a) Mabadiliko ya Uongozi / Change of Management.
(b) Kuuza Kampuni au Taasisi / Sale of Company or Institution.
(c) Kutoa huduma kwa kampuni nyengine / Outsourcing Services

KWA MATUMIZI YA KIOFISI TU:

Tarehe iliyopokelewa ..... Imeangaliwa na .....
Date Received Checked by

Maelekezo .....

.....

Imetolewa .....
Issued on

Afisa Msajili
by (Registration Officer)

.....

Email: info@zssf.or.tz Website: www.zssf.or.tz

.....
S.L.P .....
.....
Tarehe: .....

Mkurugenzi Mwendeshaji,
Mfuko wa Hifadhi ya Jamii Zanzibar (ZSSF),
S.L.P 2716,
Zanzibar.

Bw / Bibi / Dear / Sir

MAOMBI YA USAJILI WA UWANACHAMA
RE: APPLICATION FOR EMPLOYEES MEMBERSHIP REGISTRATION

Tunaomba nambari za usajili wa uwanachama kwa waajiriwa wetu wafuatao:-

We request you to issue the Social Security Membership number in respect of our following employees:-

Namba ya cheti cha kuzaliwa NIDA, ZAN - ID Birth Certificate No. NIDA, ZAN - ID	Jina la Mwajiri Employee Name	Jinsia Sex	Tarehe ya kuzaliwa Date of Birth	Tarehe ya ajira Date of appointment