

NSSA SELF SERVICE PORTAL INPUT FORM

We have launched the NSSA Self Service Portal. We are therefore requesting the following information for the purpose of accessing the portal.

A. Employer Representatives

SSR Number _____ Name Company _____

1. First Name _____ Surname _____

ID Number _____ SSN Number _____

Date of birth _____ Position _____

Representative type [Tick the appropriate box] Employee or Consultant

Employment start Date _____

Residential address _____ Email address _____

_____ Tel _____

_____ Mobile Number _____

2. First Name _____ Surname _____

ID Number _____ SSN Number _____

Date of birth _____ Position _____

Representative type [Tick the appropriate] Employee or Consultant

Employment start Date _____

Residential address _____ Email address _____

_____ Tel _____

_____ Mobile Number _____

B. Company Director/Owner

First Name _____ Surname _____

ID Number _____ Date of birth _____

Position _____ Residential Address _____

Employment start Date _____

Email Address _____ Mobile Number _____

Signature (Director/Owner) _____ Date _____ **NB**

Director and employee should be registered under the stated Company.