



GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

N\$5.04

WINDHOEK - 1 November 1995

No. 1181

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Government Notice

MINISTRY OF LABOUR

No. 198

1995

REGULATIONS UNDER THE SOCIAL SECURITY ACT, 1994

The Minister of Labour has, under section 47 of the Social Security Act, 1994 (Act 34 of 1994), made the regulations set out in the Schedule.

The regulations shall come into operation on 1 November 1995.

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ANNEXURE**FORMS*****Definitions***

1. In these regulations and in the forms in the Annexure, unless the context otherwise indicates, any word or expression to which a meaning has been assigned in the Social Security Act, 1994 (Act 34 of 1994), shall have the same meaning and -

"remuneration" means any payment in money made or owing to any employee by virtue of his or her employment -

- (a) excluding any payment made or owing to an employee -
 - (i) as a bonus, allowance or subsidy;
 - (ii) in respect of overtime or night work as contemplated in the Labour Act, 1992 (Act 6 of 1992);
 - (iii) by way of compensation for any expense incurred by such employee in the course of his or her employment;
 - (iv) by virtue of such employee's retirement from the employment of his or her employer or the termination of such employee's employment;
- (b) any such other payment made or owing to an employee as may be determined by the Commission by notice in the *Gazette*:

Provided that, for the purposes of these regulations, an employee shall be deemed to have been paid not less than N\$300 and not more than N\$3 000 in any month, as the case may be;

"the Act" means the Social Security Act, 1994 (Act 34 of 1994).

CHAPTER I REGISTRATION

Application for registration as employer or employee

- 2. (1) Every person who -
 - (a) is an employer on the date of commencement of these regulations, shall within 90 days of that date; or
 - (b) becomes an employer after such date of commencement, shall within 30 days of the date on which he or she so becomes an employer,

apply to the Commission for his or her registration as an employer and for the registration of every employee employed by him or her, as an employee.

- (2) An application in terms of subregulation (1) shall in the case of an application for the registration of -
 - (a) an employer other than the employer of a domestic employee;
 - (b) an employer of a domestic employee;
 - (c) an employee,

be made in the form of Forms 1, 2 and 3, respectively.

(3) Every employer already registered in terms of section 20 of the Act shall within 30 days of the date on which he or she employs an employee, apply to the Commission in the form of Form 3 for the registration of such employee as an employee.

(4) Every person who wishes to register himself or herself as a self-employed person, may apply to the Commission in the form of Form 4 for his or her registration as an employer and employee.

(5) (a) No application shall be submitted to the Commission under this regulation unless an application fee of N\$10 or such other amount as may be fixed by the Commission by notice in the *Gazette* has been paid to the Commission.

(b) The person to be registered in terms of an application shall be liable for payment of the application fee.

(6) The Commission shall record the name and other relevant particulars of every employer and employee registered in terms of section 20 of the Act in a register in the form of Form 5.

(7) If the Commission is satisfied that any person who is registered as contemplated in this regulation has ceased to be -

(a) an employer, the Commission shall cancel his or her registration as an employer;

(b) a self-employed person, the Commission shall cancel his or her registration as an employer and employee or, in the case of any such person who employs an employee, only such self-employed person's registration as an employee;

(c) an employee who enters into a contract of employment with another employer, the Commission shall cancel his or her registration as an employee.

Certificate of registration

3. (1) The Commission shall, upon registration of a person in terms of section 20 of the Act, issue -

(a) every employer so registered with a certificate of registration in the form of Form 6;

(b) every employee so registered with a Social Security Card in the form of Form 7;

(c) every self-employed person so registered with both such certificate of registration and such Social Security Card.

(2) Any person issued with a certificate of registration or a Social Security Card contemplated in subregulation (1) shall, if such certificate or card has been lost, destroyed or has for any reason become illegible, apply to the Commission in the form of Form 8 for a duplicate of such certificate or card, as the case may be.

(3) If an application is made under subregulation (2) by reason of the illegibility of the certificate of registration or Social Security Card in question, the Commission shall not consider it unless such certificate of registration or Social Security Card is surrendered to the Commission for cancellation.

(4) No application shall be submitted to the Commission under subregulation (2) unless an application fee of N\$10 or such other amount as may be fixed by the Commission by notice in the *Gazette*, has been paid to the Commission.

Contractor's certificate

4. A certificate relating to the registration of a contractor issued under section 27(4) of the Act shall be in the form of Form 9.

CHAPTER II CONTRIBUTIONS

Payment of contributions

5. (1) Every employer and employee shall, with effect from the first day of the month following upon the month during which such employee has been registered in terms of section 20 of the Act, become liable in respect of the contributions payable by every registered employer and registered employee to every fund of which such employee is a member.

(2) Subject to the other provisions of this regulations, the contributions contemplated in subregulation (1) shall be paid by the employer concerned within 30 days, or such further period as the Commission may allow, after the end of every month during which remuneration is paid or becomes payable by such employer to any employee in his or her employment.

(3) Notwithstanding subregulation (2), the Commission may, subject to such conditions as it may determine, allow the payment of contributions in advance.

(4) Every payment of contributions shall be accompanied by a return in the form of Form 10, or by any other document which substantially contains the information required by that Form.

(5) The contributions payable by an employer and employee shall, in the case of an employee -

- (a) registered as an employee of more than one employer, be payable in accordance with the ratio which the remuneration paid to such employee by each employer, bears to the sum of the remuneration so paid to such employee;

- (b) who is only required to work for any particular period in each year, be calculated by spreading the total remuneration paid to such employee during that period over the whole of the year in question as if an equal amount was paid to such employee during each month of that year, and which amount shall, for the purposes of subregulation (2), be deemed to be the remuneration which was paid or becomes payable to such employee during each such month.
- (6) If any person who -
- (a) ceased to be a member of a fund by reason of the termination of his or her employment; and
- (b) at the time of such termination, did not comply with section 21(6) of the Act,

resumes his or her membership of the fund concerned at any time thereafter, the Commission may, with due consideration to the amount of any contributions paid on his or her behalf before such termination, grant remission to him or her in respect of any such contributions which may become payable after he or she so resumes his or her membership and for any such period such as the Commission may determine.

Interest

6. The rate of interest contemplated in section 24 of the Act shall be 20 per cent per annum, calculated from the first day after the period for payment of contributions contemplated in regulation 5(2) has expired.

Statement of outstanding contributions and interest

7. (1) A statement of outstanding contributions and interest filed in accordance with section 25(2)(a) of the Act shall be in the form of Form 11.

(2) A notice of outstanding contributions and interest served in accordance with section 25(2)(b) of the Act shall be in the form of Form 12.

CHAPTER III

MATERNITY LEAVE, SICK LEAVE AND DEATH BENEFIT FUND

Contributions payable in respect of Maternity Leave, Sick Leave and Death Benefit Fund

8. The contributions payable in respect of the Maternity Leave, Sick Leave and Death Benefit Fund shall -

- (a) in the case of an employee, be equal to 0,9 per cent of his or her remuneration;
- (b) in the case of the employer of such employee, be equal to the contribution contemplated in paragraph (a);

- (c) in the case of a self-employed person, be equal to both contributions contemplated in paragraphs (a) and (b).

Maternity leave benefits

9. (1) Maternity leave benefits shall be equal to 80 per cent of the remuneration of the female employee concerned.

(2) Subject to section 21(7)(c) of the Act, a claim for maternity leave benefits shall be submitted to the Commission not later than 45 days before the expected date of confinement, or within such period as the Commission may on good cause shown allow, and shall be in the form of Form 13.

(3) The Commission shall not pay any benefits in respect of the period after the actual date of confinement unless the birth certificate of the child concerned or, if the child was stillborn or has died within two weeks after that date, a death certificate is submitted to the Commission under cover of Form 14 within 45 days after the actual date of confinement or such further period as the Commission may on good cause shown allow.

(4) The Commission shall not pay the final maternity leave benefits due to an employee unless she submits her employer's written confirmation of resumption of service in the form of Form 15.

Sick leave benefits

10. (1) Sick leave benefits shall be equal to 60 per cent of the remuneration of the employee concerned, for the first period of six months of sick leave and thereafter to 50 per cent of such remuneration.

(2) A claim for sick leave benefits shall be submitted to the Commission not later than 30 days after the date on which the sick leave granted to an employee in terms of section 40 of the Labour Act, 1992 (Act 6 of 1992), expires, or within such further period as the Commission may on good cause shown allow, and shall be in the form of Form 16.

(3) The Commission shall not pay the final sick leave benefits due to an employee unless he or she submits his or her employer's written confirmation of resumption of duty in the form of Form 15.

Death benefits

11. (1) The death benefit shall amount to a single payment of N\$2 000.

(2) A claim for a death benefit shall be submitted to the Commission not later than 30 days after the date on which the employee concerned has died or retired or became disabled, as the case may be, or within such further period as the Commission may on good cause shown allow, and shall, in the case of -

- (a) the death of that employee, be in the form of Form 17 and shall, if the claimant is not the spouse of the deceased employee, be accompanied by an affidavit in the form of Form 18;
- (b) the retirement or disablement of that employee, be in the form of Form 19.

CHAPTER IV GENERAL AND SUPPLEMENTARY PROVISIONS

Termination of, and interruption in, service

12. The period following upon the termination of, and an interruption in, employment as contemplated in subsections (8) and (9) of section 21 of the Act, respectively, shall in each case be six months in every cycle of five years commencing on the date on which the employee concerned is first registered as an employee as contemplated in regulation 2.

Income account

13. (1) The Commission may, for the purpose of the more efficient handling of contributions paid in respect of the various funds administered by the Commission, open a current account with a banking institution contemplated in section 16(2)(a) of the Act, and deposit all such contributions upon receipt into that account before its transfer to the respective banking accounts of the funds concerned.

(2) Section 16(2)(b) of the Act shall apply *mutatis mutandis* in respect of the banking account contemplated in subregulation (1).

Certificate of authorization

14. (1) A certificate of authorization issued to an authorized person in terms of section 38(3) of the Act, shall be in the form of Form 20.

(2) A certificate of authorization shall remain the property of the Commission.

Forms prescribed in connection with inquiries

15. (1) A notice to attend an inquiry delivered under section 39(4) of the Act shall be in the form of Form 21.

(2) A summons served on a witness under section 39(10) of the Act shall be in the form of Form 22.

(3) An oath or affirmation to be taken or made by a witness in terms of section 39(11)(b) of the Act, shall be taken or made *mutatis mutandis* in the form of the oath and affirmation prescribed by sections 162 and 163 of the Criminal Procedure Act, 1977 (Act 51 of 1977), respectively.

Notices of appeal

16. A notice of appeal noted under section 45(1) of the Act shall be in the form of Form 23.

Penalties

17. Any person who contravenes or fails to comply with the provisions of any regulation shall be guilty of an offence and liable on conviction to a fine not exceeding N\$2 000 or to imprisonment for a period not exceeding six months or to both such fine and such imprisonment.

ANNEXURE

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**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

(FOR OFFICIAL USE ONLY) REGISTRATION NUMBER:
--

**APPLICATION FOR REGISTRATION AS AN EMPLOYER
(OTHER THAN AN EMPLOYER OF A DOMESTIC EMPLOYEE)**

(Section 20 / Regulation 2)

TO BE COMPLETED IN BLOCK LETTERS

1. Name:
2. Postal address:
3. Business address:
4. Telephone number: 5. Facsimile number:
6. Nature of business:
7. Form of business enterprise:

SOLE OWNER	PARTNERSHIP	COMPANY	CLOSE CORPORATION
OTHER (SPECIFY)			

8. (a) In the case of a sole owner, state: Date of birth:
 Identity number: (if any)
 Passport number: (if any)
- (b) If the business is conducted under another name, state such name:
- (c) In the case of a partnership, state full names and dates of birth and (if any) the identity numbers and passport numbers of the partners per annexure.
9. In the case of a company or close corporation, state registration number under the Companies Act, 1973 (Act 6 of 1973) or Close Corporations Act, 1988 (Act 26 of 1988) (whichever is applicable):
10. Date of commencement of business:

I, (full names and capacity) certify that the above particulars are true and correct.

.....
 EMPLOYER DATE

FOR OFFICIAL USE ONLY	
Checked by:	Date:
Remarks:	
.....	

Form 2

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

(FOR OFFICIAL USE ONLY)
REGISTRATION NUMBER:
.....

APPLICATION FOR REGISTRATION AS AN EMPLOYER
OF A DOMESTIC EMPLOYEE
(Section 20 / Regulation 2)

TO BE COMPLETED IN BLOCK LETTERS

- 1. Surname:.....
- 2. First names:.....
- 3. Date of birth:..... 4. Identity number:..... (if any)
- 5. Passport number:..... (if any)
- 6. Postal address:.....
- 7. Residential address:.....
- 8. Telephone number:..... 9. Facsimile number:.....

I,..... (full names)
certify that the above particulars are true and correct.

.....
EMPLOYER

.....
DATE

FOR OFFICIAL USE ONLY
Checked by:..... Date:.....
Remarks:.....
.....

Form 3

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

(FOR OFFICIAL USE ONLY)
REGISTRATION NUMBER:

**APPLICATION FOR REGISTRATION AS AN EMPLOYEE
(Section 20 / Regulation 2)**

TO BE COMPLETED IN BLOCK LETTERS

PARTICULARS OF EMPLOYEE:

1. Surname:
2. First names:
3. Date of birth: 4. Identity number: (if any)
5. Passport number: (if any)
6. Marital status: Married Single 7. Sex: Male Female
8. Postal address:
9. Residential address:
10. Telephone number: 11. Facsimile number:
12. Number of children: Male Ages: Female Ages:
13. Occupation:
14. Date of commencement of employment:
15. Monthly income: N\$
16. If previously registered as an employee, state previous Social Security registration number :

PARTICULARS OF EMPLOYER:

1. Employer's Social Security registration number:
2. Name:
3. Postal address:
4. Telephone number: 5. Facsimile number:

I, (full names and capacity) certify that the above particulars are true and correct.

.....
EMPLOYER

.....
DATE

FOR OFFICIAL USE ONLY

Checked by: Date:

Remarks:

Form 4

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

(FOR OFFICIAL USE ONLY) REGISTRATION NUMBER:
--

**APPLICATION FOR REGISTRATION AS A SELF - EMPLOYED PERSON
(Section 20 / Regulation 2)**

TO BE COMPLETED IN BLOCK LETTERS

1. Surname:
2. First names:
3. Date of birth: 4. Identity number: (if any)
5. Passport number: (if any)
6. Marital status:

Married	<input type="checkbox"/>
---------	--------------------------

Single	<input type="checkbox"/>
--------	--------------------------

 7. Sex:

Male	<input type="checkbox"/>
------	--------------------------

Female	<input type="checkbox"/>
--------	--------------------------
8. Postal address:
9. Business address:
10. Telephone number: 11. Facsimile number:
12. Nature of business:
13. Form of business enterprise:

SOLE OWNER	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	COMPANY	<input type="checkbox"/>	CLOSE CORPORATION	<input type="checkbox"/>
OTHER (SPECIFY)							

- 14.(a) In the case of a sole owner, state: Date of birth:
 Identity number: (if any)
 Passport number: (if any)
- (b) If the business is conducted under another name, state such name:
- (c) In the case of a partnership, state full names and dates of birth and (if any) the identity numbers and passport numbers of the partners per annexure.
15. In the case of a company or close corporation, state registration number under the Companies Act, 1973 (Act 6 of 1973) or Close Corporations Act, 1988 (Act 26 of 1988) (whichever is applicable):

16. Date of commencement of self-employment:

17. Monthly income: N\$

18. Number of children:

Male	<input type="checkbox"/>
------	--------------------------

 Ages:

Female	<input type="checkbox"/>
--------	--------------------------

 Ages:

I, (full names)
certify that the above particulars are true and correct.

.....
APPLICANT

.....
DATE

FOR OFFICIAL USE ONLY

Checked by:.....Date:.....

Remarks:.....

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

**REGISTER TO BE KEPT BY THE SOCIAL SECURITY COMMISSION
(Section 20 / Regulation 2)**

PARTICULARS OF EMPLOYER:

1. Name:.....
2. Social Security registration number:.....
3. Date of registration:.....
4. Postal address:.....
5. Business address:.....
6. Telephone number:..... 7. Facsimile number:.....
8. Nature of business:.....
9. Form of business enterprise:

SOLE OWNER	PARTNERSHIP	COMPANY	CLOSE CORPORATION
OTHER (SPECIFY)			

10. (a) In the case of a sole owner, state: Date of birth:.....
 Identity number:..... (if any)
 Passport number:..... (if any)
- (b) If the business is conducted under another name, state such name:.....

- (c) In the case of a partnership, state full names and dates of birth and (if any) the identity numbers and passport numbers of the partners per annexure.
11. In the case of a company or close corporation, state registration number under the Companies Act, 1973 (Act 6 of 1973) or Close Corporations Act, 1988 (Act 26 of 1988) (whichever is applicable):.....
12. Date of commencement of business:
13. (a) Employer (other than an employer of a domestic employee)
 (b) Employer of a domestic employee
 (c) Self-employed person
14. Special arrangements:
15. Contributions:
 - (a) Payable:.....
 - (b) Paid:.....

PARTICULARS OF EMPLOYEE(S):

1. Surname:.....
2. First names:.....
3. Social Security registration number:.....
4. Date of registration:.....
5. Date of commencement of employment:.....
6. Date of birth: 7. Identity number: (if any)
8. Passport number:..... (if any)
9. Marital status:

Married	<input type="checkbox"/>
---------	--------------------------

Single	<input type="checkbox"/>
--------	--------------------------

 10. Sex:

Male	<input type="checkbox"/>
------	--------------------------

Female	<input type="checkbox"/>
--------	--------------------------
11. Number of children:

Male	<input type="checkbox"/>
------	--------------------------

 Ages:.....

Female	<input type="checkbox"/>
--------	--------------------------

 Ages:.....
12. Occupation:
13. Postal address:.....
14. Residential address:
15. Telephone number:..... 16. Facsimile number:.....
17. Monthly income: N\$
18. Contributions:
 - (a) Payable:.....
 - (b) Paid:.....
19. Particulars of claims:
 - (a) Maternity Leave Benefits:
 - (b) Sick Leave Benefits:.....
 - (c) Death Benefit:.....
20. Date of termination of employment: (if any)

Form 6

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

CERTIFICATE OF REGISTRATION AS AN EMPLOYER
(Section 20 / Regulation 3)

This is to certify that -

1. (name of employer)

2. Social Security registration number:
has been registered with the Social Security Commission as an employer.

.....
EXECUTIVE OFFICER

.....
DATE

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

CERTIFICATE OF REGISTRATION AS AN EMPLOYEE
(SOCIAL SECURITY CARD)
(Section 20 / Regulation 3)

This is to certify that -

- 1. (name of employee)
- 2. Social Security registration number:.....
- 3. Date of birth.....
- 4. Identity number:..... (if any)
- 5. Passport number:..... (if any)
- 6. Name of employer:.....
- 7. Social Security registration number of employer:.....

has been registered with the Social Security Commission as an employee.

.....
EXECUTIVE OFFICER

.....
DATE

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

APPLICATION FOR REPLACEMENT OF CERTIFICATE OF REGISTRATION
(Section 20 / Regulation 3)
TO BE COMPLETED IN BLOCK LETTERS

- 1. Surname:.....
- 2. First names:.....
- 3. Date of birth:..... 4. Identity number:..... (if any)
- 5. Passport number:..... (if any)
- 6. Postal address:.....
- 7. Telephone number:..... 8. Facsimile number:.....

I declare that the registration certificate issued to me as an -
employer employee
has been -
destroyed lost defaced
and I hereby apply for replacement of such certificate.

.....
EMPLOYER / EMPLOYEE DATE

FOR OFFICIAL USE ONLY	
Checked by:.....	Date:.....
Remarks:.....	
.....	
Fee paid N\$:.....	Receipt Number:.....

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

**CERTIFICATE OF REGISTRATION OF A CONTRACTOR AS AN EMPLOYER
(Section 27 / Regulation 4)**

1. This is to certify that..... (name of contractor)
has in respect of an agreement for the execution of specific work, consisting of
..... (provide full particulars of work)
with..... (name of principal)
registered himself or herself as an employer and every employee so employed in terms of section
20(1) of the Social Security Act, 1994 (Act 34 of 1994), and that all contributions in respect of
such work have been paid.
2. Social Security registration number of contractor:.....

.....
EXECUTIVE OFFICER

.....
DATE

FOR OFFICIAL USE ONLY	
Checked by:.....	Date:.....
Remarks:.....	
.....	

Form 10

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

**RETURN ACCOMPANYING PAYMENT OF CONTRIBUTIONS FOR THE PERIOD
..... TO.....**

(Section 22 / Regulation 5)

TO BE COMPLETED IN BLOCK LETTERS

Name of employer:.....

Social Security registration number:.....

PARTICULARS OF EMPLOYEES*

Surname	Initials	Social Security registration number	Monthly remuneration	Amount of contributions deducted
Total amount deducted:				
Employer's contribution:				
Total amount paid over:				

NEW APPOINTMENTS*

Surname	Initials	Date of birth	Identity number (if any)	Passport number (if any)	Date of commencement of employment

* In the case of insufficient space, attach annexure.

TERMINATION OF SERVICE*

Surname	Initials	Social Security registration number	Last date of termination of employment

I, (full names and capacity)
certify that the above particulars are true and correct.

.....
EMPLOYER

.....
DATE

** In the case of insufficient space, attach annexure.*

FOR OFFICIAL USE ONLY

Checked by: Date:

Remarks:

.....

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

Entered in judgement book by

Case number:.....

.....
CLERK OF THE MAGISTRATES COURT / REGISTRAR OF THE HIGH COURT

.....
DATE

Social Security reference number:.....

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

STATEMENT IN TERMS OF SECTION 25(2)(a) OF THE
SOCIAL SECURITY ACT, 1994

I hereby certify as correct the following statement of contributions and interest due and payable under provisions of the Social Security Act, 1994 by.....
of

(a) Contributions: N\$
Interest thereon at per cent per annum
calculated up to 19 : N\$
Total N\$

Plus:

(b) Further interest at per cent per annum from 19 to date of full settlement.

.....
EXECUTIVE OFFICER

.....
DATE

.....
The Clerk of the Magistrates Court / Registrar of the High Court

.....
Please make the necessary entry in the judgement book, complete the endorsement at the head of the statement and return the attached three (3) copies to this Office.

.....
EXECUTIVE OFFICER

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

DEMAND FOR PAYMENT OF OUTSTANDING CONTRIBUTIONS
(Section 25 / Regulation 7)

To:.....

Payment of the undermentioned amount is hereby demanded on or before 19

Contributions payable for the period

..... 19..... to 19.....: N\$

Interest thereon at per cent per annum

calculated up to 19.....: N\$

Total N\$

Failure to comply with this demand will result in legal proceedings being instituted against you in a court of law.

.....
EXECUTIVE OFFICER DATE

ACKNOWLEDGEMENT OF RECEIPT

I,..... (full names of person notified)
acknowledge receipt of the original of this notice.

.....
SIGNATURE DATE TIME PLACE

CERTIFICATE OF PERSON WHO SERVED NOTICE

I,..... (full names)
hereby certify that the person upon whom this notice was to be served -

- (a) cannot be traced
- (b) refused to accept such notice
- (c) refused to sign the required acknowledgement of receipt

.....
SIGNATURE DATE

PARTICULARS OF SENDING OF NOTICE BY REGISTERED POST

Date posted: Postal registration number:

.....
EXECUTIVE OFFICER DATE

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

CLAIM FOR MATERNITY LEAVE BENEFITS
(Section 29 / Regulation 9)
TO BE COMPLETED IN BLOCK LETTERS

TO BE COMPLETED BY THE CLAIMANT:

- 1. Social Security registration number:.....
- 2. Surname:.....
- 3. Previous surname (in the case of change of surname under which registered):
- 4. First names:
- 5. Date of birth:..... 6. Identity number:.....(if any)
- 7. Passport number:.....(if any)
- 8. Postal address:.....
- 9. Telephone number:..... 10. Facsimile number:
- 11. Method of payment of benefits:

Cheque		Bank transfer	
--------	--	---------------	--
- 12. If benefits are to be transferred to bank or building society account, indicate:
 - (a) Name of financial institution:
 - (b) Name of branch:
 - (c) Branch number:
 - (d) Account number:
 - (e) Type of Account :

I certify that the above particulars are true and correct.

.....
CLAIMANT DATE

MEDICAL CERTIFICATE TO BE COMPLETED BY A MEDICAL PRACTITIONER:

I, (full names and qualifications) hereby certify that..... (name of patient) was examined by me and it was found that she is pregnant. From my examination and information furnished by her, the expected date of confinement is considered to be: 19.....
Practice number: (if any)

.....
MEDICAL PRACTITIONER DATE

TO BE COMPLETED BY THE EMPLOYER:

- 1. Name of employer:
- 2. Social Security registration number:
- 3. Monthly income: N\$
- 4. Date of commencement of maternity leave:

I, (full names and capacity)
certify that the above particulars are true and correct.

.....
EMPLOYER

.....
DATE

FOR OFFICIAL USE ONLY

Checked by: Date:

Remarks:

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

**SUBMISSION OF DOCUMENT IN SUPPORT OF A CLAIM FOR MATERNITY
LEAVE BENEFITS
(Section 29 / Regulation 9)**

TO BE COMPLETED IN BLOCK LETTERS

- 1. Type of document:

BIRTH CERTIFICATE	DEATH CERTIFICATE
-------------------	-------------------
- 2. Social Security registration number of claimant:
- 3. Surname:
- 4. First names:

..... CLAIMANT DATE

FOR OFFICIAL USE ONLY	
Checked by:	Date:
Remarks:	
.....	

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

CONFIRMATION OF RESUMPTION OF DUTY OF AN EMPLOYEE
(Section 29 / Regulations 9 and 10)

TO BE COMPLETED IN BLOCK LETTERS

1. Name of employer:

2. Social Security registration number:

This is to confirm that -

(a) Surname of employee:

(b) First names of employee:

(c) Social Security registration number:

was on:

(i) Maternity leave from 19..... to 19

(ii) Sick leave from 19..... to 19

.....
EMPLOYER

.....
DATE

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

**CLAIM FOR SICK LEAVE BENEFITS
(Section 30 / Regulation 10)
TO BE COMPLETED IN BLOCK LETTERS**

TO BE COMPLETED BY THE CLAIMANT:

1. Social Security registration number:.....
2. Surname:.....
3. Previous surname (in the case of change of surname under which registered):
4. First names:
5. Date of birth:..... 6. Identity number:.....(if any)
7. Passport number:..... (if any)
8. Postal address:.....
9. Telephone number:..... 10. Facsimile number:
11. Method of payment of benefits:

Cheque	<input type="checkbox"/>	Bank transfer	<input type="checkbox"/>
--------	--------------------------	---------------	--------------------------
12. If benefits are to be transferred to bank or building society account, indicate:
 - (a) Name of financial institution:
 - (b) Name of branch:
 - (c) Branch number:
 - (d) Account number:
 - (e) Type of Account :
13. Are you entitled to any remuneration or compensation in respect of any period for which you qualify for sick leave benefits in terms of the Social Security Act, 1994:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

 If "Yes", state full particulars of nature thereof and amount:

I certify that the above particulars are true and correct.

.....
CLAIMANT

.....
DATE

MEDICAL CERTIFICATE TO BE COMPLETED BY A MEDICAL PRACTITIONER:

I, (full names and qualifications) hereby certify that (name of patient) has been under my treatment from 19 to 19 and that he / she is suffering from: (the nature of illness, disease or injury to be stated as far as possible in non-technical terms with concise particulars as to history, symptoms and severity, and ascertainable cause).

I further certify that he/she is in consequence unable to perform his / her duties and I consider it essential for recovery of his / her health that he / she should have leave from 19 to 19 for the purpose of:

Practice number: (if any)

.....
MEDICAL PRACTITIONER DATE

TO BE COMPLETED BY THE EMPLOYER:

- 1. Name of employer:
- 2. Social Security registration number:
- 3. Monthly income: N\$
- 4. Date of commencement of sick leave:
- 5. Date on which paid sick leave expired:

I, (full names and capacity) certify that the above particulars are true and correct.

.....
EMPLOYER DATE

FOR OFFICIAL USE ONLY

Checked by: Date:

Remarks:

Form 17

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

**CLAIM FOR DEATH BENEFITS IN THE CASE OF THE DEATH OF AN EMPLOYEE
(Section 31 / Regulation 11)**

This form must be completed for the purpose of claiming the death benefit payable in respect of a deceased employee and must be accompanied by the original death certificate.

TO BE COMPLETED IN BLOCK LETTERS

PARTICULARS OF DECEASED EMPLOYEE:

1. Social Security registration number:
2. Surname:
3. Previous surname (in case of change of surname under which registered):
4. First names:
5. Date of birth: 6. Identity number: (if any)
7. Passport number: (if any)
8. Date of death of employee:

PARTICULARS OF CLAIMANT:

1. Surname:
2. First names:
3. Identity number:
4. Postal address:
5. Residential address:
6. Telephone number: (H) (W)
7. Relation to deceased employee / capacity:

Note:

- (a) If spouse, the marriage certificate or a duly certified copy thereof must accompany this form.
- (b) If not the spouse, this form must be accompanied by an affidavit in the form of Form 18.

I certify that the above particulars are true and correct.

.....
CLAIMANT

.....
DATE

TO BE COMPLETED BY THE EMPLOYER:

1. Name of employer:
2. Social Security registration number:

I declare that the deceased employee was in my employment at the time of death.

.....
EMPLOYER

.....
DATE

FOR OFFICIAL USE ONLY

Checked by: Date:

Remarks:

Form 18

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

**AFFIDAVIT ACCOMPANYING CLAIM FOR DEATH BENEFITS WHERE THE
CLAIMANT WAS NOT THE SPOUSE OF THE DECEASED EMPLOYEE**

(Section 31 / Regulation 11)

TO BE COMPLETED IN BLOCK LETTERS

I, (first names and surname of claimant)
hereby make the following statement:

That I am (state relationship to deceased employee or capacity)
of the late (first names
and surname of the deceased) and that to the best of my knowledge and belief the deceased had no
other relatives or heirs entitled to receive the death benefit.

.....
APPLICANT

I certify that this declaration has been signed and sworn to / affirmed before me at
..... this day of 19
by the deponent who acknowledged that -

- (a) he / she understands the contents of the declaration;
(b) he / she has no objection to taking the prescribed oath / affirmation; and
(c) he / she considers the prescribed oath to be binding to his / her conscience,
and that he / she uttered the following words:

"I swear that the contents of this declaration are true, so help me God". / "I affirm that the contents of
this declaration are true".

.....
COMMISSIONER OF OATHS

Full name:

Business address:

Designation:

Area for which appointment is held:

Office held if appointment is *ex officio*:

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

**CLAIM FOR DEATH BENEFITS IN THE CASE OF RETIREMENT OR DISABILITY OF
AN EMPLOYEE**

(Section 31 / Regulation 11)

*This form must be completed for the purpose of claiming the death benefit payable in respect
of an employee who retires or has become permanently disabled.*

TO BE COMPLETED IN BLOCK LETTERS

TO BE COMPLETED BY THE CLAIMANT:

1. Social Security registration number:.....
 2. Surname:.....
 3. Previous surname(in the case of change of surname under which registered):
 4. First names:.....
 5. Date of birth:..... 6. Identity number:..... (if any)
 7. Passport number:..... (if any)
 8. Postal address:.....
 9. Telephone number: 10. Facsimile number:
 11. Method of payment of benefits:

Cheque	Bank transfer
--------	---------------
 12. If benefits are to be transferred to bank or building society account, indicate:
 - (a) Name of financial institution:
 - (b) Name of branch:
 - (c) Branch number:
 - (d) Account number:
 - (e) Type of Account :
 13. If permanently disabled, give full particulars:
- (Documentary proof e.g. certificate by medical board, medical practitioner, etc. must accompany this claim)

I certify that the above particulars are true and correct.

.....
CLAIMANT

.....
DATE

TO BE COMPLETED BY THE EMPLOYER:

- 1. Name of employer:
- 2. Social Security registration number:
- 3. Date employee retired or became permanently disabled:

I certify that the above particulars are true and correct.

.....
EMPLOYER

.....
DATE

FOR OFFICIAL USE ONLY

Checked by:.....Date:.....

Remarks:

.....

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

**CERTIFICATE OF APPOINTMENT AS AN AUTHORIZED PERSON
(Section 38 / Regulation 14)**

Name:

Date of birth: Identity number : (if any)

Passport number: (if any)

This is to certify that the Social Security Commission has in terms of section 38 (2) of the Social Security Act, 1994 (Act 34 of 1994) appointed Mr / Ms as an authorized person for the purpose of the application of the Act, and that he / she is entitled to enter any premises which are occupied or used by an employer at any reasonable time in connection with any matter to which the Act relates.

.....
EXECUTIVE OFFICER

.....
DATE

**Reverse side:
EXTRACT FROM SECTION 38(9) OF THE
SOCIAL SECURITY ACT, 1994**

"No person shall -

- (a) hinder or obstruct an authorized person in the exercise of or performance of his or her powers, duties or functions;
- (b) refuse or fail to comply to the best of his or her ability with any requirements made by an authorized person in the exercise or performance of his or her powers, duties or functions;
- (c) subject to Article 12(1) (f) of the Namibian Constitution, refuse or fail to answer to the best of his or her ability any question which an authorized person has lawfully put to him or her in the exercise or performance of his or her powers, duties or functions;
- (d) wilfully furnish information to an authorized person which is false or misleading;
- (e) falsely give himself or herself out as an authorized person."

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

NOTICE OF INQUIRY
(Section 39 / Regulation 15)

To:
.....
.....

You are hereby required to appear in person before the Social Security Commission at

on 19 at (time) for the purpose of inquiry into

and to submit to the Social Security Commission the following document(s), book(s), record(s) or thing(s) and any other document(s), book(s), record(s) or thing(s) in your possession which may relate to the matter of this inquiry:

Date	Description	Original or Copy

.....
EXECUTIVE OFFICER

.....
DATE

ACKNOWLEDGEMENT OF RECEIPT

I, (full name of person notified)
hereby acknowledge receipt of the original of this notice.

.....
SIGNATURE

.....
DATE

.....
TIME

.....
PLACE

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

SUMMONS TO APPEAR BEFORE THE SOCIAL SECURITY COMMISSION AS A
WITNESS
(Section 39 / Regulation 15)

To:
.....
.....

You are hereby summoned to appear in person before the `Social Security Commission at
.....
on 19 at (time) to give evidence before the Social
Security Commission in the matter of

..... and
to submit to Social Security Commission the following document(s), book(s), record(s) or thing(s)
and any other document(s), book(s), record(s) or thing(s) in your possession which may relate to the
matter of this inquiry:

Date	Description	Original or Copy
.....
.....
.....
.....
.....

.....
EXECUTIVE OFFICER

.....
DATE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

I, (full name of person notified)
hereby acknowledge receipt of the original of this notice.

.....
SIGNATURE

.....
DATE

.....
TIME

.....
PLACE

**EXTRACT FROM SECTION 39(11) OF
THE SOCIAL SECURITY ACT, 1994:**

"Any person who, having been duly summoned -

- (a) refuses, or without sufficient cause fails, to attend the inquiry in question at the place, date and time specified in the summons;
- (b) refuses to take the prescribed oath or to make an affirmation when required to do so by the person presiding at the inquiry;
- (c) leaves the inquiry without permission of the person presiding at such inquiry, whether or not such person has given evidence;
- (d) refuses to give evidence at the inquiry or refuses to answer fully and satisfactorily to the best of his or her knowledge and belief any question lawfully put to him or her or refuses to produce a document, book, record or thing which such person has in terms of the summons been required to produce,

shall be guilty of an offence."

Form 23



**LABOUR COURT:
 NOTICE OF APPEAL IN TERMS OF SECTION 45 OF THE SOCIAL SECURITY ACT, 1994
 (REGULATION 16)**

Case number:

In the matter between:

.....

Appellant

and

Social Security Commission

Respondent

TAKE NOTICE that the Appellant hereby gives notice of appeal against a decision of the respondent dated 19 whereby it was decided that

.....

 (state the decision or part thereof appealed against).

The grounds of appeal are as follows:

Dated at this day of 19

.....
 APPELLANT OR HIS OR HER LEGAL REPRESENTATIVE