



SOCIAL SECURITY AND NATIONAL INSURANCE TRUST  
NATIONAL PENSION ACT, 2008 (ACT 766)

**CLEARANCE CERTIFICATE**

**Nº 0099548**

ISSUING BRANCH OFFICE ..... **KOKOMLEMLE** ..... DATE OF ISSUE ..... **7TH FEBRUARY, 2018**

NAME OF ESTABLISHMENT ..... **N3 ENTERPRISE** .....

ER. NO: ..... NATURE OF BUSINESS .....

BUSINESS REG. NO. .... IRS TIN. .... **P0003615049**

ADDRESS ..... **POST OFFICE BOX CT 18238, ACCRA** .....

LOCATION OF ESTABLISHMENT .....

TEL. NO. .... MOBLE PHONE NO. ....

(Establishment) (Contact Person)

COVERABLE DATE ..... **2014** .....

The above named Establishment in compliance with the provisions under the **NATIONAL PENSION ACT, 2008 (Act 7666)** has applied for a **Clearance Certificate** for the following purpose(s).

**TO DO BUSINESS WITH AGENCIES**

I certify that as at ..... **FEBRUARY, 2018** ..... this Establishment

(Date of Issue)

Employing ..... **THREE (3) WORKERS** .....

has: (Number of Workers)

- a. Paid all Social Security Contributions (including penalties up to ..... **JANUARY, 2018** .....
- b. Submitted all Contribution Reports and fulfilled all other obligations under Act 766.
- c. Made satisfactory arrangements to fulfill its obligations under Act 766.

I therefore issue this certificate which expires on ..... **7TH MARCH, 2018** .....

**SEVENTH DAY OF MARCH YEAR TWO THOUSAND AND EIGHTEEN**

Branch Manager **YS. S. N. I. T.** **Kokomlemle** **FESTUS DARKO-PREKO** **7/2/18**

For DIRECTOR GENERAL

**N.B:** Any alteration or falsification of this document is a crime and offender(s) **SHALL** be prosecuted.