

## SOCIAL SECURITY & NATIONAL INSURANCE TRUST

OSU BFANCH P.O. Box M.149 Accra December 16, 2011

OSU RE/201J2728/1

THE DIRECTOR
KIMBERLY RYAN (GHANA) LIMITED
P.M.B. 52
KANDA
ACCRA

Dear Sir/Madam,

## REGISTRATION OF ESTABLISHMENT (ACT766) 2008

Kindly be informed that with effect <u>from December 01</u>, 2011 your Establishment and the workers therein are covered under the National Pensions Act quoted above. The Registration Number alloted to your Establishment is <u>201J2728</u>

You are further advised to endeavour to pay contributions for any month, latest by the 14th of the ensuing month to avoid imposition of penalty for delayed payment.

We also deem it worthwhile to inform you that the Social Security Law enjoins you to register all workers immediately on ungagement.

You are to quote their correct Social Security Number in the Wages Book as well as on the Contribution Reports which accompany Social Security Contribution payments.

Please ensure that the Establishment Number is quoted in all transactions with this office.

Thank You.

Yours faithfully,

FRANK K.M. MOLBILA BRANCH MANAGER

CC: Head Of Records Dept.

CC: Area Manager - Tema Area Office

## SOCIAL SECURITY & NATIONAL INSURANCE TRUST EMPLOYER CONTRIBUTION PAYMENT CLEARANCE

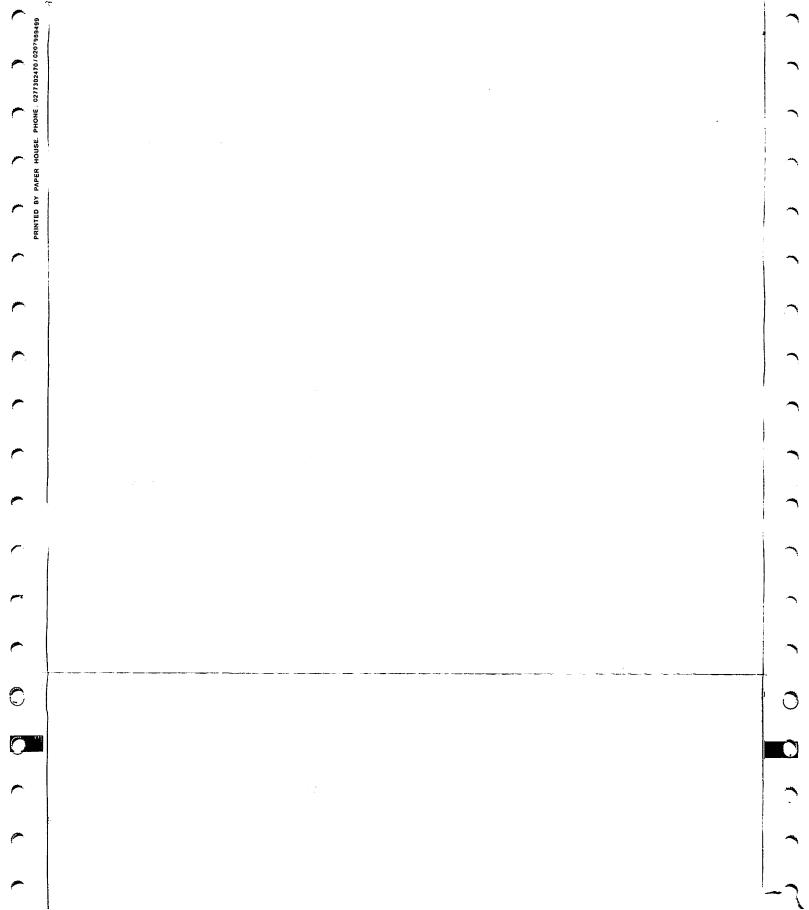
EMPLOYER: KIMBERLY RYAN (GHAN	A) LIM -	201J2728	Date: 21/12	2/2011	
SOCIAL SECURITY CONTRIBUTION		DN			AMOUNT
Contribution Balance as at December, 2007 Penalties on Unpaid and Delayed Contribution as at December, 2007					Ø.0
LAST PAYMENT INFORMATION	DATE	RECEIPT	ио ио		
Contributions paid-ALL				Ø ==:	0.0
CURRENT CONTRIBUTION REPORT(	S) SUBMITT	ED			
CATEGORY:ALL PERIOD	CR TYPE	LABOUR FORCE	CONT	RIBUTION	
1. December, 2011	Normal	3		256.50	
Total Expected Contribution				256.50	
TOTAL CONTRIBUTIONS DUE				TNUC	
Endorsed By  Signature: Mane:	S.S.N.I	l.T			
te: The Contribution Balance Reports Submitted and Est	as at Dece imates for	mber,2007 i Contribution	s based on n Reports :	Contribut not submit	ion ted.
2. The Contribution Balance	as at Dece	mber,2007 m	ay be upda	ted when a	1 1

outstanding Contribution Reports are submitted and/or your books

inspected by the Compliance Officers of the Trust.

IF YOU HAVE ANY PROBLEM WITH THE PAYMENT ADVICE, PLEASE CONTACT THE BRANCH MANAGER OR CALL TELEPHONE NUMBER 0302-774216

as at





## SOCIAL SECURITY & NATIONAL INSURANCE TRUST EMPLOYER EXPECTED 2ND TIER CONTRIBUTION PAYMENT CLEARANCE

EMPLOYER: KIMBERLY RYAN (GHANA) LIM - 201J2728 Date: 21/12/2011

CATEGORY: A

CR TYPE LABOUR FORCE PERIOD --------1. December, 2011 Regular

Total Expected Contribution

95.00 

Endorsed By

Name: