

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

## CLEARANCE CERTIFICATE Nº 0843818

TAKORADI	7TH SEPTEMBER, 2015
ISSUING BRANCH OFFICE	
APAVE CHANA INSI	
ER. NO: 201504063 NATURE OF BUSINESS:	INSPECTION SERVICE
	C0005386861IRS TIN
P.O.BOX 1388, TAKORADI	
ALBA HOUSE, A	ADJACENT WAMCO 2 TAKORADI
LOCATION OF ESTABLISHMENT:	0244459222
TEL NO: MOBILE	PHONE NO:
(Establishment) 17TH AUGUST, 2015	(Contact Person)
I Certify that as at	TEMBER, 2015 This Establishment
THREE	(3)
Employing	Vorkers)
a. paid all Social Security Contributions (including pena	AUGUST, 2015
b. submitted all Contribution Reports and fulfilled all ot	ther obligations under Act 766
naisegikkozatiskizkak ek ekrenererek kazakiska kakika kakika ka	
I therefore issue this certificate which expires on:	VENTH OCTOBER, TWO THOUSAND AND FIFTEEN
(07/10/2015)	
	ARROLL
	JERRY & CHARTEY
	for: DIRECTOR GENERAL

N.B: Any alteration or falsification of this document is a crime and offender(s) SU



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

## CLEARANCE CERTIFICATE Nº 0843819

TAKORADI ISSUING BRANCH OFFICE	7TH SEPTEMBER, 2015
APAVE GHANA INS	PECTION LIMITED
NAME OF ESTABLISHMENT	INSPECTION SERVICE
ER. NO: NATURE OF BUSINESS:	
BUSINESS REG. NO: CS672612015	IRS TINC0005386861
ADDRESS: P.O.BOX AX 1388, TAKORADI	
LOCATION OF ESTABLISHMENT: ALBA HOUSE,	ADJACENT WAMCO 2
TEL NO: MOBILE P	02///50222
(Establishment)	(Contact Person)
COVERABLE DATE: 17TH AUGUST, 2015	
I Certify that as at	PTEMBER, 2015
Employing THREE (	3)
has: (Number of Wo	orkers)
a. paid all Social Security Contributions (including penalt	ties) up to:
b. submitted all Contribution Reports and fulfilled all oth	er obligations under Act 766
c. made satisfactory arrangements to fulfill its obligations	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
I therefore issue this certificate which expires on:	ENTH OCTOBER, TWO THOUSAND AND FIFTEEN
(07/10/2015)	12GET
	ACMAR
	JERRY A. GHARTEN
	for PIRECTOR GENERAL

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