



FORM SS/2

REG. NO.

CARD CODE

50

79/80

SOCIAL SECURITY FUND GHANA EMPLOYER'S REG. CARD

HEAD OFFICE
REG. NO.

NAME OF EMPLOYER J-PROMPT SERVICES
TITLE OF PERSON TO BE CONTACTED ABOUT SOCIAL SECURITY JOSEPH ADJEI

POSTAL ADDRESS OF EMPLOYER

P.O. Box MD 809
MADINA- ACCRA

TELEPHONE NUMBER 021-256465

ANY SPECIAL DIRECTION TO PREMISES/ACTUAL LOCATION

ADJACENT PROVIDENCE INSURANCE
TOWERS - RING ROAD CENTRAL

NEAREST SOCIAL SECURITY OFFICE KOKOMLEMLE

NAME AND ADDRESS OF HEAD OFFICE

SAME AS ABOVE

TELEPHONE NUMBER 0244 287407

EMPLOYER'S ECONOMIC ACTIVITY (DESCRIPTION)

ELECTRONIC MAINTENANCE + TRAINING IN IT, SALE,
MARKETING AND SECRETARIAL SERVICES

NUMBER OF WORKERS (7) SEVENESTIMATED ANNUAL PAY (12600) TWELVE THOUSAND SIX HUNDRED GHANA CedisDATE COVERABLE BY THE SOCIAL SECURITY DECREE 1 - 7 - 2008

I HEREBY CERTIFY THAT

- (a) THE INFORMATION GIVEN ABOVE ARE ACCURATE AND TRUE
(b) I HAVE COMPLETED AND SUBMITTED WORKERS' REGISTRATION CARDS IN RESPECT OF ALL MY EMPLOYEES
(c) I UNDERSTAND THE PROVISIONS OF THE DECREE AND REGULATIONS RELATING TO THE PAYMENT OF CONTRIBUTIONS PROMPTLY AND IN FULL AND WILL CONTRIBUTE ACCORDINGLY.

DATE 20CERT No: CA-30,350DATE 21-12-2006

Signature of Employer or
his Authorised Agent

FOR OFFICE USE ONLY	
CLASSIFICATION	<u>B</u>
INSPECTION CODE	<u>02</u>
COVERABLE DATE	<u>07/08</u>
PRINT OPTION	
SORT OPTION	
LOCATION	<u>306</u>
HEAD OFFICE NO.	
NO. OF WORKERS	
PROV. CONT. LEVEL	
ECONOMIC ACTIVITY	<u>G</u>