



**WORKERS COMPENSATION FUND
REGISTRATION OF EMPLOYER**

(Made under regulation 9 (1))

(Complete this form in block letters and mark (✓) appropriately)

(Note: Information in this form should be provided separately when an employer has more than one business)

1. Identification

Name of employer
Contact address Street/village.....
District..... Region..... Country.....
Plot no..... Block no.....
Tel Fax..... Cellphone.....
E-mail.....
Date of commencement of operation.....
Date of closure of operation (if applicable)

2. Category of employer (Mark (✓) where appropriate)

S/No.	Category of Employers	Status
1.	Public	
2.	Private	

3. Nature of business (e.g. manufacturing, construction)

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4. Categories of employees

S/No.	Category of Employees based on the Contract of Employment	Female	Male	Total
1.	Permanent (Unspecified period of time)			
2.	Temporary (Specified period of time)			
3.	Specific task			

(Attach a list of names of all employees)

5. I,, declare that what I have stated herein above is true to the best of my knowledge.

Name.....
Designation.....
Signature.....
Date.....

Official Stamp of the employer