



## SOCIAL SECURITY AND NATIONAL INSURANCE TRUST EMPLOYER PORTAL ACCESS REQUEST FORM

\*ESTABLISHMENT NAME: .....

\*ERNO.....EST. CONTACT NO.....

EST. EMAIL ADDRESS.....

### EMPLOYER REPRESENTATIVE DETAILS:

\*NAME OF REPRESENTATIVE:.....

\*SURNAME.....

\*FIRST NAME.....

SSNO (If any).....

\*ID TYPE..... ID No.....

\*EMAIL ADDRESS OF EMPLOYER REP:.....

TELEPHONE NO:.....

\*Authorized by .....

\*Date..... \*Signature / Stamp.....

\* *Mandatory fields*

### FOR SSNIT USE ONLY

Received by: ..... Date: .....

Approved by: ..... Date.....

Created by: ..... Date: .....

Date for Granting Access ..... User Informed: Yes  No