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**MINISTRY OF NATIONAL MOBILIZATION, SOCIAL DEVELOPMENT, FAMILY, GENDER AFFAIRS, YOUTH, HOUSING, AND INFORMAL HUMAN SETTLEMENT**

**REGISTRATION FOR INCOME SUPPORT**

**(NON-FARMER WORKERS/SELF EMPLOYED)**

**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NIS No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Tick as appropriate) Employed ☐ Self- Employed ☐ No. of Years:\_\_\_\_\_\_**

**----------------------------------------------------------------------------------------------------------------For Non-Farm Workers Only:**

**Business/ Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature**

**----------------------------------------------------------------------------------------------------------------**

**For Self-Employed Only:**

**Name of Business (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Liquor/ Trader’s License No.:\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature**

**Employer’s Certification for Non-Farmer Workers**

I hereby certify that the person named above is employed in my business as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the last \_\_\_\_\_\_ months ☐/ years ☐ and further declare that the information provided is truthful and valid.

**Full Name (Block Letters): -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No.:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer’s Signature Date:**

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**Certification for Self-Employed**

(to be certified by a Justice of the Peace or Gazetted Police Officer or Ordained Pastor)

I hereby certify that the person named above is known to me and is an own account business operator as stated above. To the best of me knowledge the information provided is accurate and valid.

**Full Name (Block Letters): -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Qualification:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National ID:\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No.:-\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certifier’s Signature Date Certifier’s Stamp**

**-------------------------------------FOR OFFICIAL USE ONLY--------------------------------------**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verified by: Date:**

**Comments:**

**Approved ☐ Not Approved ☐**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by:**  **Date**