

FORM SIP 1 EMPLOYER'S REGISTRATION FORM EMPLOYMENT INSURANCE SYSTEM (REGISTRATION AND CONTRIBUTION) REGULATIONS 2017 [Regulation 2(1)]

FORM SIP 1 - EMPLOYER'S REGISTRATION

ope	Registration Number (SSM No./ MyCoID, Professional Bodies, Society, Association, Cooperative Societies); or Employer's Identification Number (not registered with SSM and other agencies).																																				
A. INDUSTRY'S INFORMATION																																					
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	A6. Fax No. A7. E-mail																																				
A8. Type of Industry																																					
	A8.1. Business Entity Private Limited Limited Sole Proprietorship Partnership																																				
Registered with SSM Registered with S															SSN	/																					
Limited Liability Partnership Registered with other agencies Registered with other agencies															er ag	encie	es																				
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I hereby certify to the best of my knowledge and belief that all particulars given are true.																																					
Signature																																					
-	Employer's Name/ Employer's Representative Name: NRIC. No.: Date																																				
	Designation: FOR SOCSO USE																																				
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