



**FORM SIP 1A  
EMPLOYER'S NOTIFICATION FORM  
EMPLOYMENT INSURANCE SYSTEM (REGISTRATION AND CONTRIBUTION) REGULATIONS 2017  
(Regulation 2(2))**

**FORM SIP 1A - EMPLOYER'S REGISTRATION**

**Registration Number** (SSM No./ MyCoID, Professional Bodies, Society, Association, Co-operative Societies); or  
**Employer's Identification Number** (not registered with SSM and other agencies).

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**A. INDUSTRY'S INFORMATION**

**Industry Name**


**B. EMPLOYER'S CODE / INDUSTRY CODE**

**Employer's Code**

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**Industry Code**

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**C. CONFIRMATION OF EMPLOYER/ EMPLOYER'S REPRESENTATIVE**

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:

Date: 

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NRIC. No.:

Designation:

**D. FOR SOCSO USE**

**Liability Date**

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*Not signature is required if the submission of the form is via electronic medium subject to verification by SOCSO*