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:

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