

**APPLICATION FOR EMPLOYER NUMBER
REPUBLIC OF PALAU SOCIAL SECURITY ADMINISTRATION**

1. Name of Business _____ EIN#: _____

2. Please enter the names, title and social security number (if any) of all owners

1	_____	SSN	_____
2	_____	SSN	_____
3	_____	SSN	_____
4	_____	SSN	_____

3. Business Address _____ Location _____ Zip Code _____
 Phone _____ Fax _____ E-mail _____

4. Date Business Began _____ 5. Gross Receipts over \$10,000 Yes _____ No _____

6. Number of Employees: Regular _____ Parttime _____ 7. Type of Business: Profit _____ Non-Profit _____

8. Type of Business - Check One:

<u>Government</u>		<u>Private</u>	
Semi-Gov't.	_____	Sole Proprietorship	_____
National	_____	Partnership	_____
State	_____	Joint Venture	_____
Foreign Embassy	_____	Association	_____
		Corporation	_____
		Cooperative/Credit Union	_____
		Other. Specify	_____

9. Nature of Business SIC Code: _____
 (Office Use) _____ (SIC Description of Business Activity) _____

10. Location of Main Office: Foreign _____ Domestic _____
 FIAC No. _____ Serial Corporation No. _____
 Serial Corporation No. _____

Signature _____ Title _____ Date: _____