



**REPUBLIC OF LIBERIA**  
**NATIONAL SOCIAL SECURITY & WELFARE CORPORATION**  
**(NASSCORP)**



**FORM: A**

**SOCIAL SECURITY CLEARANCE APPLICATION FORM**

DATE: \_\_\_\_\_

1. NAME OF REGISTERED EMPLOYER: \_\_\_\_\_

2. REGISTERED EMPLOYER REGISTRATION CODE: \_\_\_\_\_

3. ADDRESS AND CONTACT DETAILS OF APPLICANT:

a. Location \_\_\_\_\_

b. Phone Number \_\_\_\_\_

c. Email Address \_\_\_\_\_

d. Main Contact Person \_\_\_\_\_

4. PURPOSE FOR CLEARANCE: \_\_\_\_\_  
\_\_\_\_\_

5. NUMBER OF INSURED EMPLOYEE(S) \_\_\_\_\_

6. LAST SOCIAL SECURITY CONTRIBUTION PAYMENT PERIOD: \_\_\_\_\_  
\_\_\_\_\_

**(Please attach copy of last contribution payment receipt)**

7. LAST CLEARANCE ISSUED PERIOD: \_\_\_\_\_

**(Please attach copy of last clearance issued)**

**DECLARATION**

I declare that the information furnished in this application is true and correct.

Signed by or on behalf of registered employer:

Name: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_