Form P.1

**Federal Government of Ethiopia**

**Social Security Agency**

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| Employee  photo |

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| Pension reference number\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer’s firm reference number\_\_\_\_\_\_\_\_ |

**Employees covered by pension plan: personal situation, service situation and family situation report.**

Notice:

There should not be deletes, signs of tamper or corrections when this form is filled in. And it should be filled with similar colour of ink. If there is no enough space to write on you can use extra paper; write down the question number on the extra paper when doing so. All the dates should be in Ethiopian Calendar.

1. Name of the firm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O.Box\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A/Employee’s personal situation**

1. Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex\_\_\_\_\_\_\_\_\_Mother’s Full Name\_\_\_\_\_\_
2. Date of Birth: Day\_\_\_\_\_\_\_Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How is Ethiopian Citizenship acquired : By Birth □ Legal Means □

(If it is through legal means please attach the evidence)

**B/Service Situation**

1. Firms in which service was conducted

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Num | Firm’s Name | Service | | Monthly Salary | Reason of Hire |  |
| Start | End |
| d/m/y | d/m/y |
|  |  |  |  |  |  |  |
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Notice: . 1. You need to attach - with this form - employment document, job application form, service evidence and life history’s form.

2. Service rendered not on a permanent basis should not be registered.

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| **Wife’s/Husband’s**  **Photo** |

**C/Family Situation**

1. **Wife or Husband** (Attach Marriage certificate )
2. Wife’s or Husband’s full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Birth:Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_
4. **Children below the age of 18**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | Full Name | Date of Birth  Day Month Year | Sex | Mother’s Full Name |
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Notice: 1.Attach Birth Certificate.

2. If the child is adopted-child, attach adoption document.

1. **Parents who are alive**
2. Father’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Mother’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State parents’ means of support

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I confirm that the above-stated is correct.

Employees Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **To be filled by the frim**

We confirm thatMr/Ms/Msc\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been employed in our frim since the date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Administrator’s Name and Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp

|  |
| --- |
| To be filled by Social Security Agency  1.File is Opened □  2.The document is entered into computer □  3. The required document has been presented □  4.Form P 1.1 has been sent to the firm □  Registrar’s full name\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |