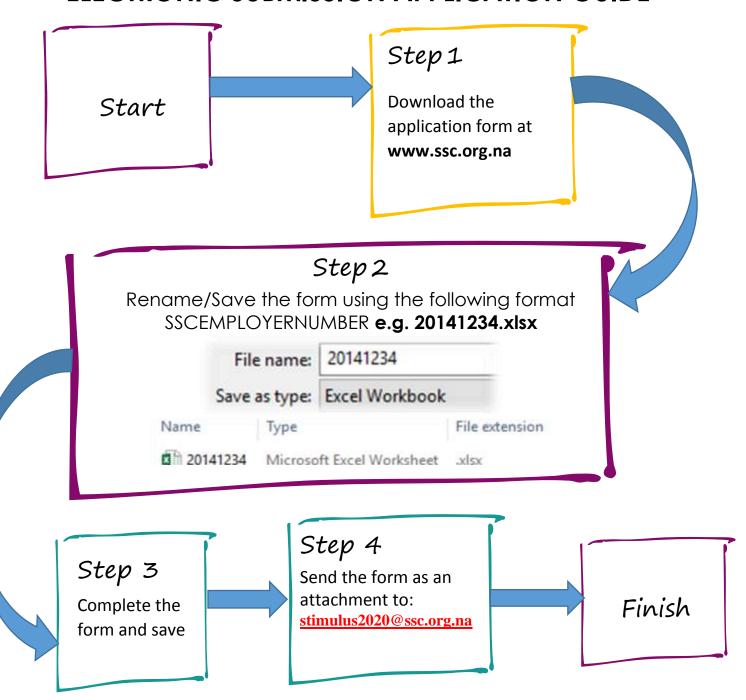


ELECTRONIC SUBMISSION APPLICATION GUIDE



NOTE: E-MAIL SUBJECT LINE should be SSC EMPLOYER NUMBER Forms not submitted in the correct format will be rejected

HOW TO FILL IN YOUR COVID-19 APPLICATION

Employer Formal Sector Salary Protection

- 1. **Employer Name** Trade Name as registered with SSC
- 2. Social Security Number your SSC EMPLOYER Number
- Company Registration number Company Registration Number as per founding statement
- 4. Last Contribution Month the month in which you last paid your SSC contribution
- 5. **Wage Return 2019/2020 Submitted** have you submitted your wage return for the Financial Year 2019/2020?
- 6. **Total Wage Bill (TCTC)** your **monthly** total Total cost to company wage bill for February 2020.
- 7. Did Company benefit from any other financial support, compensation or insurance has your company received any other state/private financial assistance/compensation/insurance/e.g. Fidic for construction industry related to covid_19?
- 8. **Number of employees** number (e.g. 3 and not "three") of employees in your company
- 9. **Industry** indicate the industry your company operates in
- 10. Last Contribution amount the last amount paid to SSC for contributions in Namibian dollars
- 11. Total Basic Wage Bill your monthly total wage bill on basic salary for February 2020.
- 12. Training needs does your company require future training post covid-19?

Which grant are you applying for?

- 1. **Cash injection** subsidy based on total wage bill in the form of a cash injection from the state
- 2. **Contribution waiver** contribution holiday on your MSD and ECF contributions for three months (May, June, July 2020).
- 3. **Effected employees** compensation for those below N\$ 50,000 threshold who have lost income as a result of Covid-19 impacts.

Employee details

- 1. Provide the details of all employees on your payroll as of February 2020.
- 2. Your employee must have an Identity document and bank account.



FORMAL SECTOR SALARY PROTECTION

EMPLOYER NAME	ABC Construction		SOCIAL SECURITY NUMBER	20141234
TAX NUMBER	123	3456	INDUSTRY	TOURISM SHOSPITALITY
EMPLOYER PHONE NUMBER	061-123145		EMPLOYER MOBILE NUMBER	812345670
COMPANY REGISTRATION NUMBER	CC/05/DD2020		CONSTITUENCY	WINDHOEK EAST
BUSINESS EMAIL ADDRESS	ERF 2020		BUSINESS POSTAL ADDRESS	1234 AUSSPANPLATZ
REGION	Khomes		CITY / TOWN	WINDHOEK
LAST CONTRIBUTION MONTH	Feb	5-20	LAST CONTRIBUTION AMOUNT	N\$1,281.00
WAGE RETURN 2019/20 SUBMITTED	YES		NUMBER OF YEARS OPERATING	5.00
TOTAL WAGE BILL TCTC	N\$350,000	0.00	TOTAL WAGE BILL BASIC SALAR	N\$500,000
WILL BUSINESS OPERATE IMMEDIATE	EL YES		ANNUAL TURNOVER	N\$67,000.00
DID COMPANY BENEFIT FROM FINANCIAL PROTECTION	NO		UNT LIEUT UNI LOLOUT	YES
NUMBER OF EMPLOYEES	ł	6		
	мн	ICH GRANT ARE YOU APPLYING F	OR?	
CASH INJECTION	· YES	ICH GRANT ARE YOU APPLYING F		YES
CASH INJECTION AFFECTED EMPLOYEES		ICH GRANT ARE YOU APPLYING F		YES
	YES	COMPLETED BY		YES
	YES			
AFFECTED EMPLOYEES	YES		CONTRIBUTION WAIVER	
AFFECTED EMPLOYEES FORM COMPLETED BY	YES YES John Doe		CONTRIBUTION WAIVER ID NUMBER OF REPRESENTATIVE	1234567891
AFFECTED EMPLOYEES FORM COMPLETED BY	YES YES John Doe testagent@abc.com.na		CONTRIBUTION WAIVER ID NUMBER OF REPRESENTATIV MOBILE NUMBER	1234567891
AFFECTED EMPLOYEES FORM COMPLETED BY	YES YES John Doe testagent@abc.com.na	COMPLETEDBY	CONTRIBUTION WAIVER ID NUMBER OF REPRESENTATIV MOBILE NUMBER	1234567891

FIRST NAME	SURNAME	INITIAL	OCCUPATION	ID NUMBER	!	SSC REGISTRATION DATE
JANE	DOE	!	CLEANER	80123456781	92345671	02/03/2015
JUDY	CORONA	J	ADMINSTRATO	83123456782	92345672	04/05/2019
JESSY	COVID	J	LABOURER	84123456783	92345673	02/03/2015
JULIA	COMING	J	OPERATIONS N	85123456784	92345674	02/03/2015
JOHN	DONE	J	ACCOUNTANT	86123456785	92345675	02/03/2015
ELIPHAS	PHILING	E	RECEPTIONIST	87123456786	92345676	02/03/2015

TAX NUMBER	MONTHLY REMUNERATION		MONTHLY AMOUNT OF CONTRIBUTION DEDUCTED	IMPACT ON EMPLOYEE
0	N\$1,800.00	N\$21,600.00	N\$32.40	No Salary
0	N\$3,500.00	N\$42,000.00	N\$63.00	No Salary
0	N\$3,000.00	N\$36,000.00	N\$54.00	No Salary
123456	N\$8,000.00	N\$96,000.00	N\$162.00	No Salary
123457	N\$7,500.00	N\$90,000.00	N\$162.00	No Salary
oi	N\$3,000.00	N\$36,000.00	N\$54.00	No Salary

N	0	P	Q	R	S
BANK NAME	The state of the s		MOBILE NUMBER	EMAIL	
Bank Windhoe	1234	123456789	812345678	jane@abc.com.na	
FNB Namibia	2345	6123456789	817856234	judy@abc.com.na	
Bank Windhoe	1234	6123998521	817895236	jessy@abc.com.na	
Bank Windhoe	1234	143456789		julia@abc.com.na	
FNB Namibia	2345	6123569829	THE RESIDENCE OF THE PARTY OF T	john@abc.com.na	
FNB Namibia	2345	6128563249	817632548	eliphas@abc.com.i	na

ABOVE NAMES AND OTHER INFORMATION PROVIDED IS FOR ILLUSTRATIVE PURPOSES ONLY!!!

REMEMBER TO <u>SAVE YOUR FORM</u> USING YOUR <u>**SSC EMPLOYER NUMBER**</u> ONLY

DO NOT **CHANGE** THE **FORMATTING** OF THE **SHEET COLUMNS**

SUBMIT THE APPLICATION AS ONE EXCEL SHEET

THE **FORM** SHOULD BE SENT TO EMAIL:

Stimulus2020@ssc.org.na

