

“FORM 1

REPUBLIC OF NAMIBIA

**SOCIAL SECURITY COMMISSION: DEVELOPMENT FUND
(SOCIAL SECURITY ACT, 1994 (ACT NO. 34 OF 1994))**

TO: The Executive Officer
Social Security Commission
Private Bag 13223
WINDHOEK

**APPLICATION FOR FUNDING BY TRAINING PROVIDER
(Regulation 4(1))**

(TO BE COMPLETED IN BLOCK LETTERS)

1. Surname/Name of business:
.....
2. First names (if applicable):
.....
3. Residential/Business address (if applicable):
.....
4. Postal address:
.....
5. Tel. number (.....) Fax number (.....)
Cellphone number
6. E-mail address:
.....
7. Type of training to be offered:
(a)
(b)



(c)

8. Course content (Supply full details of content of each course to be offered on separate sheet of paper)

.....

9. Venue where training will be offered (specify region & constituency):

.....

10. Duration of course of training:

(a)

(b)

(c)

11. Number of trainees which can be accommodated at each course:

(a)

(b)

(c)

12. Cost of course per training:

(a)

(b)

(c)

13. Total cost of courses:

.....

Amount of funding requested:

.....

Value of own contribution:*

.....

.....
Applicant name

.....
Application date

*Please attach proof of own contribution

The provisions of Regulation R. 1258 published in Government Gazette No. 3619 of 21 July 1972 having been complied with, I hereby certify that the deponent has acknowledged that he/she knows and understands the contents of this application which was signed and sworn to before me at this day of 20

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COMMISSIONER OF OATHS

FULL NAMES:

CAPACITY:

BUSINESS ADDRESS:

FOR OFFICIAL USE ONLY

Checked by: Date

Remarks:

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FOR FURTHER INFORMATION, CONTACT:

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