



Department of Social Security

HM Government of Gibraltar

DSS Form – Employer’s declaration of Employee’s Social Insurance Contributions

Surname			
Forename(s)			
Company Tax Ref.		Employee Tax Ref.	
Employee I/D No.			
Date of leaving employment (if applicable)			

Social Insurance Contributions payable to date										
Year	From	/	/	To	/	/	No. of Contributions		Class	
									ER/MW/PN/TX	
Year	From	/	/	To	/	/	No. of Contributions		Class	
									ER/MW/PN/TX	
Year	From	/	/	To	/	/	No. of Contributions		Class	
									ER/MW/PN/TX	
Year	From	/	/	To	/	/	No. of Contributions		Class	
									ER/MW/PN/TX	

Periods where Social Insurance Contributions are not payable								
Year	From	/	/	To	/	/	Total number of weeks	
Year	From	/	/	To	/	/	Total number of weeks	

I certify that all the details entered above are correct and if I knowingly give information that is incorrect I may be liable to prosecution or other action.

Employer:			
Address:			
Fax No:		Tel No:	
E-mail address			

Signature		Date	/	/
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Employer’s official stamp:	
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Instructions to employer

Please complete this form for any employee claiming a social security benefit and return it to the Department of Social Security at 14 Governor’s Parade, Gibraltar.