



FEDERATED STATES OF MICRONESIA
SOCIAL SECURITY ADMINISTRATION
P.O. Box L, Kolonia, Pohnpei FM 96941

FSMSS-402c- Rev. 9/18/15

Application for Voluntary Contributions within the FSM

1. Business Name:	
2. Business Owner:	
3. Owner SS number:	
4. Business Mailing Address:	Zip Code:
5. Location of Main Office:	Municipality:
6. Date Business Began:	
7. Form of Business	
<input type="checkbox"/> Private	
<input type="checkbox"/> Farmers	
<input type="checkbox"/> Fishermen	
<input type="checkbox"/> Taxi Driver	
<input type="checkbox"/> Retail	
<input type="checkbox"/> Sakau Marketer	
<input type="checkbox"/> Food Stand	
<input type="checkbox"/> Tailor	
<input type="checkbox"/> Other: (specify) _____	
Printed Name: _____ Signature: _____	
Title: _____ Date: _____	
Approval (For Office Use Only)	
Received by: _____	Date: _____
Reviewed by: _____	Date: _____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
_____	Date: _____
Administrator	
(Note) Documents to be submitted along with this application	
1. Business License	
2. Gross Revenue Tax (GRT) for previous year	