



SINDH EMPLOYEES' SOCIAL SECURITY INSTITUTION  
S.I.T.E (WEST) DIRECTORATE

No. SS/SWD/Cont/2019-1642

Dated: 15<sup>th</sup> November 2019

All Employers,  
Within the jurisdiction of SESSI SITE (West) Directorate,  
Karachi.

**SUBJECT: INFORMATION REQUIRED FOR ONLINE PAYMENT OF  
SOCIAL SECURITY CONTRIBUTION**

**Dear Sir,**

SESSI is going towards online payment of social Security Contribution by the Employers with the collaboration of Punjab Information Technology Board (PITB) and MCB Bank Limited. In this connection certain information has been required by the PITB for preparing the online payment system.

You are, therefore requested to fill out the enclosed proforma and send it back alongwith Contribution Schedule (Form C-1) to this office or hand over to our SSO of the area within (03) days of the receipt of this letter for further necessary action.

Your cooperation in the above matter shall highly be appreciated.



*Yours' sincerely*

*(AFTAB ALAM)*  
**DIRECTOR**

**Encl: As above**

Copy to:

1. Chairman SITE Association Karachi. With the request to kindly advise your all members to fill out the prescribed proforma and send it back to this office at the earliest for onwards transmission to SESSI Head Office.
2. Director (C&B) SESSI Head Office.
3. P.S. to the Commissioner, SESSI Head Office.
4. P.A. to the Vice Commissioner, SESSI Head Office.
5. Office Copy.
6. Master File.

*DSC*  
S.I.T.E. Association of Industry  
**RECEIVED**  
Date *17/11/19*  
*[Signature]*

# Business Entity - Login Activation for Contribution System

## Business Entity Profile

Name of Business Entity: \_\_\_\_\_

Kind of Business Entity

SOLE  PARTNERSHIP  SINGLE MEMBER  PRIVATE  PUBLIC PROPRIETORSHIP FIRM  
COMPANY LIMITED LIMITED

Nature of Business: \_\_\_\_\_

Sub Nature of Business: \_\_\_\_\_

Date of Establishment: \_\_\_\_\_

SESSI Registration No. \_\_\_\_\_

SESSI Registration Date: \_\_\_\_\_

Office Type:

Head Office

BranchOffice

Franchise

Factory

Address: \_\_\_\_\_

Division: \_\_\_\_\_

District: \_\_\_\_\_

Tehsil: \_\_\_\_\_

City: \_\_\_\_\_

Name of any S.S. Hospital/ Dispensary which exists within two (02) miles \*

(If Yes) \_\_\_\_\_  
 YES  NO

Whether any dispensary managed by the employer exists or not \*

(If Yes) \_\_\_\_\_  
 YES  NO

Facilities provided by the employer (Cash Benefit) as compared with S.S. Scheme \*

(If Yes) \_\_\_\_\_  
 YES  NO

Any Contractor engaged by Business Entity \*

(If Yes) \_\_\_\_\_  
 YES  NO

## Owner Profile

Name: \_\_\_\_\_

CNIC No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

## Focal Person Profile

Name: \_\_\_\_\_

CNIC No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address: \_\_\_\_\_



# Sindh Employees' Social Security Institution

Business Entity -Data Cleanising & Login Activation for Contribution System

## BUSINESS ENTITY PROFILE

Name of Business Entity (\*)

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Kind of Business Entity

Sole Proprietor	Single Member Company	Private Limited	Public Limited
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NATURE OF BUSINESS

Sub Nature of Business

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Date of Establishment (\*)

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SESSI Registration No.

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Office Type

Head Office	Branch Office	Franchise	Factory
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Address

Division \_\_\_\_\_ District \_\_\_\_\_ Tehsil \_\_\_\_\_  
City \_\_\_\_\_

Any Contractor engaged by Business Entity

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Details of Workers  
(Earning upto 21200/- Per Month)

Male	Female	TOTAL
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## OWNER PROFILE

Name (\*)

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Father / Husband Name (\*)

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CNIC No. (\*)

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Mobile No. (\*)

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## FOCAL PERSON PROFILE

Name (\*)

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Father / Husband Name (\*)

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CNIC No. (\*)

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Mobile No. (\*)

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Email Address (\*)

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**NOTE:- The column that has the mark (\*) must be filled in.**

The information is required from the employer or in case there is any focal person he is authorised to submit the requisite information