

# NATIONAL INSURANCE SCHEME

## Contributions Remittance Form

20... ..

This form together with a remittance for the total contributions due in respect of **JANUARY** wages, including salary or any other pecuniary remuneration as prescribed, should be sent to the **NATIONAL INSURANCE OFFICE** at the end of **JANUARY** or not later than the end of **FEBRUARY** of the current year.

### EMPLOYER'S CERTIFICATE

I certify that the amount shown below represents the total contributions due and payable in respect of **JANUARY** wages.

\$		¢	
			Chq/cash/MO P O (Delete as necessary)

Total insurable earnings of all employees for **JANUARY** \$ .....

Number of persons employed during **JANUARY** .....

\*Surcharge for late payment (10%) \$ .....

Interest for late payment (1%) | \$ .....

\$ .....

Signature.....

Date .....

**USE BLOCK LETTERS**

Name and Address of Employer		Reg. No. of employer

### LATE PAYMENT

\*Any late payment will be subject to a Surcharge of 10% of contributions plus interest of 1% per month for any payment more than one month late.