



National Insurance Services Electronic Remittance Form

Employer: _____

Number of Employees: _____

Registration No.: _____

Schedule No.: _____

Contribution Period: _____
Month Year

Gross Wages: _____

Total Insurable Earnings: _____

16-60: _____

Under 16 / Over 60: _____

Total Contributions: _____

Surcharge for Late Payment (10%): _____

Interest for Late Payment (1%): _____

Amount Payable: _____

DECLARATION: I certify that the payments made are in conformity with the National Insurance Services' regulations.

Employer's Signature: _____ Date (DD/MM/YYYY): ____/____/____

FOR OFFICIAL USE

Receipt No.: _____

Cashier's Signature: _____

eSubmit Record No.: