



National Insurance Services

P.O. Box 305 NIS Building Upper Bay Street Kingstown St. Vincent and the Grenadines W.I.
Telephone: (784) 456-1514 Facsimile: (784) 456-2604
Email: nis@nissvg.org Social Media: @nissvg

Contributions Remittance Form

This form together with a remittance for the total contributions due in respect of the monthly wages, including salary or any other pecuniary remuneration, as prescribed by the NIS act, at the end of the given month or not later than the end of the following month.

Employer's Information

Number

Name _____

Address _____

Payment Information

Month _____

Year _____ (yyyy)

Total contributions due _____

Number of persons employed during the **month** _____

Total insurable earnings of all employers for the **month** _____

Surcharge for late payment (10% of contributions) _____

Interest for late payment (1% of contributions) _____

Payment Type Cheque Cash MO PO CA

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.

Declaration

I declare that the information provided in this document is true and accurate; the amount shown above represents the total contributions due and payable in respect of the monthly wages. I understand that giving false or misleading information is a serious offence punishable by law.

Date _____ (dd-mm-yyyy)

Signature _____



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