SVOLUNTA	NATIONAL INSURANCE SERVICES ARY CONTRIBUTION REMITTANCE FORM
For:	20
Name :	
V. <i>I.S.</i> # :	
To The Director, No	ational Insurance Services
With this statemen	nt is a cheque and/or cash
for	Income Category :
	Total Contribution:
Signature	
	Receipt # :
	20
Stamp	
	Cashier's Signature :

## NATIONAL INSURANCE SERVICES SVOLUNTARY CONTRIBUTION REMITTANCE FORM N.I.S. #:\_\_\_\_\_ To The Director, National Insurance Services With this statement is a cheque and/or cash for \_\_\_\_\_\_ Income Category :\_\_\_\_\_ Total Contribution:\_\_\_\_\_ Signature Receipt # :\_\_\_\_\_ \_\_\_\_\_20\_\_\_ Stamp Cashier's Signature :\_\_\_\_\_