ST. VINCENT & THE GRENADINES NATIONAL INSURANCE SERVICES *Form C5*

Monthly Turnaround Contribution Schedule

Sheet No._____

EMPLOYER'S NAME _____ **Address** _____

REGISTRATION NO. _____ _____

Total Wages _____

For the month of _____

	No.	Ins. Earnings
Employee Age Class		
16 Yrs to PENSIONABLE Age		
Under 16 & Pensioners		

No. of EMP	NIS NUMBER	Employees (Alphabetical order) Surname	Firstname	Other	WEEK 1 Insurable Earnings	WEEK 2 Insurable Earnings	WEEK 3 Insurable Earnings	WEEK 4 Insurable Earnings	WEEK 5 - MTHLY Insurable Earnings	TOTAL Insurable Earnings	CONTRIBUTION Employer 7.5%	CONTRIBUTION Employee 6.5%	No. of weeks
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
		Total c\f											

I hereby declare that the payments made are in conformity with the National Insurance Regulations.

Signature of Employer _____ Date _____

Amount payable

Amount Year to Date