



St. Vincent & the Grenadines National Insurance Services

Particulars of Employees employed during _____ [year]

1. Employer Registration Number _____

2. Employer Name _____

3. Nature of Business _____

4. Number of employees in your establishment _____

5. Males [] Females []

6. Gross pay of all employees \$_____

7. Total insurable earnings of all employees \$_____

8. Total NIS contributions deducted for the year (14%)\$_____

9. Address of Employer _____

Email address _____

10. Signature of Employer _____ Date _____

Form: C1A

NB: This form should be completed and submitted with the certified records of employee's earnings (Form C1/1) at the end of each year. In cases where employment terminated during the year the total insurable earnings and NIS deductions for those persons should still be included.



St. Vincent & the Grenadines National Insurance Services

Particulars of Employees employed during _____ [year]

1. Employer Registration Number _____

2. Employer Name _____

3. Nature of Business _____

4. Number of employees in your establishment _____

5. Males [] Females []

6. Gross pay of all employees \$_____

7. Total insurable earnings of all employees \$_____

8. Total NIS contributions deducted for the year (14%)\$_____

9. Address of Employer _____

Email address _____

10. Signature of Employer _____ Date _____

Form: C1A

NB: This form should be completed and submitted with the certified records of employee's earnings (Form C1/1) at the end of each year. In cases where employment terminated during the year the total insurable earnings and NIS deductions for those persons should still be included.