

**ST. VINCENT & THE GRENADINES NATIONAL INSURANCE SERVICES**  
**Monthly Turnaround Contribution Schedule**

*Form C5*

Sheet No. \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

Address \_\_\_\_\_

Employee Age Class

REGISTRATION NO. \_\_\_\_\_

Total Wages \_\_\_\_\_

16 Yrs to 59 Yrs

Under 16 & Over 60

No.	Ins. Earnings

For the month of \_\_\_\_\_

No. of EMP	NIS NUMBER	Employees (Alphabetical order)			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		No. of weeks
		Surname	Firstname	Other							Employer 5.5%	Employee 4.5%	
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