



**ST.VINCENT AND THE GEENADINES  
NATIONAL INSURANCE SERVICES  
Monthly Turnaround Contribution Schedule**

No. of Employees 16-59 yrs:.....

No. Under 16 yrs:.....

No. Over 60 yrs: .....

For the Month of ..... Year .....

Employer's Address:.....

Employer's Name: .....

Registration No:

**NB:** Any late payment will be subject to a surcharge of 10% plus interest of 1% per month for more than one month late

No. of	NIS #	Employees (alphabetical order)			INSURABLE EARNINGS					# of Wks	Total Insurable Earnings	Contributions	
					Wk1	Wk2	Wk3	Wk4	Wk5/ Monthly			Employee 4.5%	Employer 5.5%
Emp-loyees		Surname	First Name	Other									
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

Monthly      Weekly      Total

Date: .....

Amount year to Date: \$.....

**I hereby declare that the payments made are in conformity with the National Insurance regulations**

.....  
Employer's Signature

(a) Wages

(b) Insurable Earnings

(c) Contribution

(d) Surcharge for late payment (10%)

(e) Interest for late payment (1%)

(f) Amount payable (c+d+e)

\$	\$	\$
\$	\$	\$
\$	\$	\$
		\$
		\$
		\$

**For Official use only**

Cheque:  #..... Cash:  .....

Receipt #:.....

.....  
Cashier's Signature