



# National Insurance Services Electronic Remittance Form

Employer: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Schedule No.: \_\_\_\_\_

Contribution Period: \_\_\_\_\_  
Month Year

Gross Wages: \_\_\_\_\_

Total Insurable Earnings: \_\_\_\_\_

16-60: \_\_\_\_\_

Under 16 / Over 60: \_\_\_\_\_

Total Contributions: \_\_\_\_\_

Surcharge for Late Payment (10%): \_\_\_\_\_

Interest for Late Payment (1%): \_\_\_\_\_

Amount Payable: \_\_\_\_\_

**DECLARATION: I certify that the payments made are in conformity with the National Insurance Services' regulations.**

Employer's Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICIAL USE

Receipt No.: \_\_\_\_\_

Cashier's Signature: \_\_\_\_\_

eSubmit Record No.: