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.: ___________________________

Form E-C5b