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 (10%) $________

9. Address of Employer  _______________________________

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.