

NATIONAL INSURANCE SCHEME

Contributions Remittance Form

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This form together with a remittance for the total contributions due in respect of **JANUARY** wages, including salary or any other pecuniary remuneration as prescribed, should be sent to the **NATIONAL INSURANCE OFFICE** at the end of **JANUARY** or not later than the end of **FEBRUARY** of the current year.

EMPLOYER'S CERTIFICATE

I certify that the amount shown below represents the total contributions due and payable in respect of **JANUARY** wages.

\$	¢	
		Chq/cash/MO P O (Delete as necessary)

Total insurable earnings of all employees for **JANUARY** \$

Number of persons employed during **JANUARY**

*Surcharge for late payment (10%) \$

Interest for late payment (1%) \$

\$

Signature.....

Date

USE BLOCK LETTERS	
Name and Address of Employer	Reg. No. of employer

LATE PAYMENT

*Any late payment will be subject to a Surcharge of 10% of contributions plus interest of 1% per month for any payment more than one month late.