



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

No. of Employees 16- Pensionable age .....  
No. of Employees 15 - 16 yrs.: .....  
No. of Pensioners: .....

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 6.0 %	Employer 7.0%
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