

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

Form C5

Sheet No. _____

EMPLOYER'S NAME _____

Address _____

Employee Age Class _____

REGISTRATION NO. _____

Total Wages _____

16 Yrs to PENSIONABLE Age _____

Under 16 & Pensioners _____

No.	Ins. Earnings

For the month of _____

No. of EMP	NIS NUMBER	Employees (Alphabetical order)			WEEK 1 Insurable Earnings	WEEK 2 Insurable Earnings	WEEK 3 Insurable Earnings	WEEK 4 Insurable Earnings	WEEK 5 - MTHLY Insurable Earnings	TOTAL Insurable Earnings	CONTRIBUTION		No. of weeks
		Surname	Firstname	Other							Employer 7%	Employee 6%	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
				Total c/f									

I hereby declare that the payments made are in conformity with the National Insurance Regulations.

Amount payable

Signature of Employer _____

Date _____

Amount Year to Date