

# NATIONAL Contributions



# INSURANCE Certificate

A Employer's Reg. No.						
		-				

B	Employer's Business Name

Business Address: \_\_\_\_\_

<b>IMPORTANT:</b> A Contribution Certificate <b>MUST</b> be completed for each month for which contributions are being paid.			
C	Contributions Period ===== >>	YEAR	MONTH

**Details of Insurable Earnings and Contributions Payable.**

D	No.	Earnings Type	# of Employees	Insurable Earnings (\$)	Rate %	Contributions Payable	
						\$	¢
1							
2							
3							
4							
5							
6							
TOTAL							

Less Previous OVERPAYMENT  
 DISCREPANCIES === >> Add Previous SHORTPAYMENT  
 TOTAL AMOUNT PAYABLE


E	
I declare that the above information is true and correct, and the above amounts accurately represent the Insurable Earnings of ALL employees.	
Signed: _____ EMPLOYER	Date: _____

- (A) Contributions and levies **MUST** be paid by the 15th of the month following the month for which they are due. Failure to pay CONTRIBUTIONS & LEVIES in the required time is an offence punishable under the National Insurance and Social Security Act, (Cap. 47).
- (B) Late payment incurs interest at the rate of 1% per month, OR \$20.00, whichever is the greater.