

NATIONAL INSURANCE AND SOCIAL SECURITY SCHEME – GUYANA

WEEKLY CONTRIBUTION SCHEDULE

(TO BE COMPLETED IN TRIPLICATE FOR ALL WEEKLY PAID EMPLOYEES)

Schedules must be returned to National Insurance Scheme not later than the 15th day of the month following that to which payment relates

1. NAME OF EMPLOYER/BUSINESS

2. ADDRESS OF BUSINESS

3. EMPLOYER'S REGISTRATION NUMBER

4. CONTRIBUTIONS FOR PERIOD

M	M	--	D	D	--	Y	Y	Y	Y	M	M	--	D	D	--	Y	Y	Y	Y	M	M	--	D	D	--	Y	Y	Y	Y

 TO

M	M	--	D	D	--	Y	Y	Y	Y	M	M	--	D	D	--	Y	Y	Y	Y	M	M	--	D	D	--	Y	Y	Y	Y

FOR OFFICIAL USE ONLY		
STAMP		
SUMMARY		
EMPLOYEES AGE CLASS	NO	TOTAL INS. EARNINGS
16 - 59 YRS		
UNDER 16 YRS & 60 AND OVER		

6.1 NO.	PARTICULARS OF EMPLOYEES			PARTICULARS OF WEEKS WORKED AND EARNINGS										DEDUCTIONS			
	6.2. SURNAME	6.3. FIRST NAME	6.4. NATIONAL INSURANCE NUMBER	WE		WE		WE		WE		WE		6.15. Total Actual Earnings	6.16. Total Insurable Earnings	6.17. EMPLOYER 7. 8% 1. 5%	6.18. EMPLOYEE 5.2%
				6.5. Actual Earnings	6.6. Insurable Earnings	6.7. Actual Earnings	6.8. Insurable Earnings	6.9. Actual Earnings	6.10. Insurable Earnings	6.11. Actual Earnings	6.12. Insurable Earnings	6.13. Actual Earnings	6.14. Insurable Earnings				
				\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
FOR OFFICIAL USE			TOTAL \$														
														7. AMOUNT PAYABLE		\$	

I hereby declare that the payments made are in conformity with the National Insurance and Social Security Regulations

8. The total remittance for the year to date is \$.....

9. Signature of Employer: Employer's Stamp

10. Date:

CASHIER Information verified as correct Receipt No:Issued for \$..... Signature.....Date.....
