$\frac{\text{NATIONAL INSURANCE AND SOCIAL SECURITY SCHEME - GUYANA}}{\text{CONTRIBUTION SCHEDULE}}$

(to be complete in duplicate)

NB:	Schedule 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 SELF EMPLOYED PERSON:					
				AME	FIRST NAME	
2.	TYPE OF BUS	INESS:				
3.	BUSINESS AD	DDRESS:				
4.	HOME ADDRI					
5.	NATIONAL IN	NATIONAL INSURANCE NUMBER:				
6.	I forward herewith cheque No for \$					
	being National Insurance Contributions for the period from to					
7.	My total remittance for the year including this remittance is \$					
8.						
		MONTH		WAGES	CONTRIBUTION	
	9. Signature					
FOR OFFICIAL USE ONLY DECLARED INCOME						
				\$		
Receipt Noissued to			d for \$			
for th	e month of		20			
				Signature of Casi	hier:	
				Date:		

FORM CS1 (R & P Dept. Jan. 2000)