

**NATIONAL INSURANCE AND SOCIAL SECURITY SCHEME – GUYANA**  
**CONTRIBUTION SCHEDULE**

(TO BE COMPLETED IN TRIPLICATE BY EMPLOYERS WITH 100 OR LESS EMPLOYEES)

NB Schedules must be returned to National Insurance Scheme not later than the 15<sup>th</sup> day of the month following that to which payment relates. Failure to submit schedules and remittances by the date will incur a surcharge in keeping with the Regulations.

1. NAME OF EMPLOYER / BUSINESS:

2. ADDRESS OF BUSINESS:

3. EMPLOYER'S REGISTRATION NUMBER:

4. CONTRIBUTION FOR THE MONTH OF:

5.

<b>FOR OFFICIAL USE ONLY</b>		
DATE STAMP		
SUMMARY		
EMPLOYEES AGE CLASS	NO.	TOTAL INSURED EARNINGS
16 Years - 59 Years -		
Under 16 & 60 Yrs. & over		

No	PARTICULARS OF EMPLOYEES.					CONTRIBUTIONS		6.8 PERIOD WORKED D      D		6.9 * No. of WKS
	6.1 SURNAME	6.2 FIRST NAME	6.3 NATIONAL INSURANCE NO.	6.4 ACTUAL EARNINGS	6.5 INSURABLE EARNINGS	6.6 EMPLOYER 8.4% 1.5%	6.7 EMPLOYEE 5.6%			
	TOTALS		TOT. C/F	\$						

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. The schedule of employees consists of..... Pages.

10. Signature of Employer: .....  
(Or Representative) .....

11. Employer's Stamp

12. Date.....

<b>FOR OFFICIAL USE</b>	
CASHIER:	Information verified as correct
Receipt No: .....	Issued for \$.....
Signature.....	Date.....