

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 15th 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:

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

2. ADDRESS OF BUSINESS:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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3. EMPLOYER’S REGISTRATION NUMBER:

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4. CONTRIBUTION FOR THE MONTH OF:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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5.

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

| No | PARTICULARS OF EMPLOYEES. | | | | | CONTRIBUTIONS | | PERIOD WORKED | | * 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% | | | |
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| | | 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 \$......
 (Or Representative)

9. The schedule of employees consists of..... Pages.
 11. Employer’s Stamp

12. Date.....

| FOR OFFICIAL USE |
|--|
| CASHIER: Information verified as correct Receipt No:Issued for \$...... Signature.....Date..... |