NATIONAL INSURANCE AND SOCIAL SECURITY SCHEME-GUYANA

CONTRIBUTION SCHEDULE-ELECTRONIC SUBMISSION

(To be completed in Triplicate)

N.B.		that to w	hich paym	ent relate	s. Failt	ire to subm				lay of the mont the said date wi	
1. NA	ME OF EMI	PLOYER/	BUSINES	S:							
2 Al	ODRESS OF	BUSINES	SS:								
3. RI	EGISTRATIO	ON NUMI	BER:					_			
								5	for of	FICIAL USE ONLY	
4. CONTRIBUTION PERIOD:					Month			— Year	DA	DATE STAMP	
6.		<u>T</u>	'o be com	pleted for			etwe	en 16 and 59	<u>years</u>		
6.1	6.2			TOTAL EARNINGS				CONTRIBUTIONS			
EARNINGS CLASS		NUMBER OF EMPLOYEES		6.3 ACTUAL \$		6.4 INSURABLE \$		6.5 EMPLOYER 8.4%	6.6 EMPLOYEE 5.6%	6.7 TOTAL	
MON	NTHLY										
	EKLY										
TOT	AL										
7.		To be co	mpleted	for all Eı	nploye	ees 60 years	s and	over or und	er 16 years		
	7.1		7.2		TOTAL EARN			INGS	CONTRIBUTIONS		
		EARNINGS CLASS		NUMBER OF		7.3 7.4			7.5 EMPLOYER 1.5%		
	CLASS		EMPLOYEES		ACTUAL 1		IN	SURABLE \$			
	MONTHLY					·		·			
	WEEKLY										
	TOTAL										
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9.	Security F			ments ma	ide are	in conform	ity wi	ith the Nation	iai insurance	and Social	
	The total remittance for the year to date is \$										
10.	The details of employees are submitted via:-										
	Diskette (Floppy Disk)				11. Signature of Employer:						
	Optical Disk (CD/DVD/				(or Representative)						
	Solid State Device (Flash			ives, etc)		12. Dat	e:				

13.

Employer's Stamp:

FORM: CS3

Other Storage Medium