

COMMONWEALTH OF THE BAHAMAS, THE NATIONAL INSURANCE ACT, 1972  
EMPLOYER'S



FORM C.10 (A)

MONTHLY CONTRIBUTION STATEMENT

FOR THE MONTH OF \_\_\_\_\_ 20\_\_\_\_

**WAIT**  
Please carefully read instructions on reverse before completing this form

EMPLOYER NAME: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 # OF MONDAYS IN THE MONTH: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CELLULAR #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ ISLAND: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**Please complete ALL fields in this box.**

PART (A) – RETURN OF CONTRIBUTIONS DUE THIS MONTH (UTILIZE AS CONTINUATION SHEET IF NECESSARY)

	EMPLOYEE N.I. #	EMPLOYEE'S NAME		CONTR TYPE	WK/ MTH	# OF WKS	RET. IND.	BASIC CONTRIBUTION			EMPLOYEE CONTRIBUTION (ON I.W.)	EMPLOYER CONTRIBUTIONS (ON I.W.)	EMPLOYEE GRATUITY CONTRIBUTION (ON G.W.)	TOTAL CONTRIBUTION
		LAST	FIRST					INSURABLE WAGE (I.W.) NO CENTS	GRATUITY WAGE (G.W.) NO CENTS	TOTAL INSURABLE WAGE (I.W. + G.W.) NO CENTS				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
		SUB-TOTAL OF ADDITIONAL SHEET(S) B/F						\$	\$	\$	\$	\$	\$	\$
		TOTAL CONTRIBUTIONS DUE						\$	\$	\$	\$	\$	\$	\$

CERTIFICATION: I/We hereby certify that the information given above is true and correct  Name _____ Signature _____  Job Title _____ Date _____	FOR OFFICIAL USE ONLY	Contributions Paid For This Month	\$	
		Installment Agreement #: _____	Amount	\$
			Interest	\$
		Other: _____		
		<b>TOTAL PAYMENT (Must be supported by NIB receipt)</b>	<b>\$</b>	