

COMMONWEALTH OF THE BAHAMAS, THE NATIONAL INSURANCE ACT, 1972
**EMPLOYER'S
 MONTHLY CONTRIBUTION STATEMENT**
 FOR THE MONTH OF _____ 20_____



FORM C.10 (B/C)

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 (B) – EMPLOYEES STARTING THIS MONTH

| | EMPLOYEE N.I. # | | | | | | | | EMPLOYEE'S NAME | | DATE OF BIRTH (DD/MM/YYYY) | DATE STARTED (DD/MM/YYYY) | WK/ MTH | INSURABLE WAGE | CONTR TYPE | RETIRED (R) | OCCUPATION DETAILS | |
|----|-----------------|--|--|--|--|--|--|--|-----------------|-------|-------------------------------|------------------------------|------------|-------------------|---------------|----------------|--------------------|------|
| | | | | | | | | | LAST | FIRST | | | | | | | DESCRIPTION | CODE |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | |

PART (C) – EMPLOYEES LEAVING THIS MONTH

| | EMPLOYEE N.I. # | | | | | | | | EMPLOYEE'S NAME | | DATE STARTED (DD/MM/YYYY) | DATE LEFT (DD/MM/YYYY) |
|----|-----------------|--|--|--|--|--|--|--|-----------------|-------|------------------------------|---------------------------|
| | | | | | | | | | LAST | FIRST | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |

CERTIFICATION:
 I/We hereby certify that the information given in Parts (B) & (C) is true and correct.

Name _____ Signature _____
 Job Title _____ Date _____

FOR OFFICIAL USE ONLY

WK/MTH - (W)eekly Paid, (M)onthly Paid / CONTR TYPE - (P)ivate Employee (Z)ummer Student / RET. IND. ()Not Retired (R)etired