

WAIT
Please carefully read instructions on reverse before completing this form

COMMONWEALTH OF THE BAHAMAS, THE NATIONAL INSURANCE ACT, 1972
SELF-EMPLOYED or VOLUNTARILY INSURED
MONTHLY CONTRIBUTION STATEMENT



FORM C.10 (SE or V)

NAME: _____ REGISTRATION #: _____ TELEPHONE #: _____
 NI #: [] [] [] [] [] [] [] [] ADDRESS: _____ CELLULAR #: _____ FAX #: _____
 ISLAND: _____ EMAIL ADDRESS: _____ **Please complete ALL fields in this box.**

RETURN OF CONTRIBUTIONS DUE									
	C10 YEAR	C10 MONTH	# OF MONDAYS IN THE MONTH	CONTRIBUTION TYPE	WEEKLY/MONTHLY	# OF WEEKS	RETIREMENT INDICATOR	INSURABLE INCOME NO CENTS	TOTAL CONTRIBUTIONS DUE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
							TOTAL	\$	\$

CERTIFICATION: I hereby certify that the information given above is true and correct _____ Name Signature		FOR OFFICIAL USE ONLY Contributions Paid \$ _____ Installment Agreement #: _____ Amount \$ _____ Interest \$ _____ Other: _____ \$ _____ TOTAL PAYMENT (Must be supported by NIB receipt) \$ _____

