

**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: \_\_\_\_\_ SELF-EMPLOYED OR VOLUNTARILY INSURED REGISTRATION #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 NI #: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] ADDRESS: \_\_\_\_\_ CELLULAR #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 ISLAND: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ **Please complete ALL fields in this box.**

RETURN OF CONTRIBUTIONS DUE									
	CONTRIBUTION YEAR	CONTRIBUTION MONTH	# OF MONDAYS IN THE MONTH	CONTRIBUTION TYPE	MONTHLY	# OF WEEKS	RETIREMENT INDICATOR	INSURABLE INCOME NO CENTS	TOTAL CONTRIBUTIONS DUE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
Self-Employed/Voluntarily Insured end date _____.									
Do you have any employees? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide Employer Registration # _____ and Employer Name _____.									
							<b>TOTAL</b>	\$	\$
CERTIFICATION: I hereby certify that the information given above is true and correct					FOR OFFICIAL USE ONLY		Contributions Paid		\$
Name _____		Signature _____					Installment Agreement #: _____	Amount	\$
Date _____								Interest	\$
							Other: _____		\$
							<b>TOTAL PAYMENT (Must be supported by NIB receipt)</b>		<b>\$</b>