

WAIT

Please carefully read instructions on reverse before completing this form



COMMONWEALTH OF THE BAHAMAS, THE NATIONAL INSURANCE ACT, 1972

EMPLOYER'S

MONTHLY CONTRIBUTION STATEMENT

FOR THE MONTH OF _____ 20____

FORM C.10 (A)

*** This form MUST be accompanied by the completed and signed Form C.10 (B/C) ***

EMPLOYER NAME: _____ EMPLOYER 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'S N.I. #	EMPLOYEE'S NAME		CONTR TYPE	WK/ MTH	# OF WKS	RET. IND.	BASIC CONTRIBUTION			EMPLOYEE CONTRIBUTIONS ON I.W.	EMPLOYER CONTRIBUTIONS ON I.W.	EMPLOYEE CONTRIBUTION ON GRATUITY	TOTAL CONTRIBUTIONS
		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														
Please indicate the number of job openings as at the end of this month for which you are actively seeking workers from outside of your business_____								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								FOR OFFICIAL USE ONLY		Contributions Paid For This Month				\$
Name _____										Installment Agreement #: _____ Amount				\$
Job Title _____										Interest				\$
Signature _____										Other: _____				\$
Date _____										TOTAL PAYMENT (Must be supported by NIB receipt)				\$