

## Please carefully read instructions on reverse before completing this form



## COMMONWEALTH OF THE BAHAMAS, THE NATIONAL INSURANCE ACT, 1972 EMPLOYER'S MONTHLY CONTRIBUTION STATEMENT

**FORM C.10 (B/C)** 

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

	Completing this form			OTTI	FOR THE MONTH OF						20					(A) ***			
EMPLOYER NAME: EMPLOYER REGISTRATION #:																			
# OF MONDAYS IN THE MONTH: # OF EMPLOYEES:								# OF EMPI	LOYEES:	ADDRESS:	ADDRESS:				CELLULAR #: FAX #:				
CONTACT NAME: ISLAND:								_ ISLAND:		EMAIL ADDRESS:						Please complete <u>ALL</u> fields in this box.			
								MONTH			employ								
									EE'S NAME	DATE OF BIRTH		wk/	INSURABLE		RETIRED	TIRED OCCUPATION DETAILS			
	EMPLOYEE'S N.I. #						LAST			(DD/MM/YYYY)	(DD/MM/YYYY)	MTH	WAGE	TYPE	(R)	DESCRIPTION	DESCRIPTION		
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D/	NDT /	·C)	ENAL		ECI	EAVIN	C TUIC I	MONTH		Thoro are	omnlo	roo(s) lo	oving this me	onth					
P#	PART (C) – EMPLOYEES LEAVIN						EMPLOYEE'S NAME			There are		/ee(s) leaving this month.  REASON			CERTIFICATION:  1/We hereby certify that the information given in Parts (B) &				
	EMPLOYEE'S N.I. #					LAST		FIRST	DATE STARTED (DD/MM/YYYY)	DATE LEFT (DD/MM/YYYY)	QUITS	QUITS LAYOFFS & OTHER		(C) is true and correct.					
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2															Name				
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lease in	ndicati	e the	num	her of	ioh o	nenings	as of the	e end of this r	month	I	l		1		FOR OFFICIAL USE ONLY				
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