

NATIONAL INSURANCE AND SOCIAL SECURITY SCHEME-GUYANA

CONTRIBUTION SCHEDULE

(to be completed in triplicate by employers with more than 100 employees)

N.B. Schedule must be returned to National Insurance Scheme not later than the 15th day of the month following that to which payment relates. Failure to submit Schedules and remittances by the said date will incur a surcharge in keeping with the Regulations.

1. NAME OF EMPLOYER/BUSINESS:

2. ADDRESS OF BUSINESS:

3. REGISTRATION NUMBER:

5. FOR OFFICIAL USE ONLY

4. CONTRIBUTION FOR THE MONTH OF:

DATE STAMP

| EARNINGS CLASS | | 6.3 NUMBER OF EMPLOYEES | TOTAL EARNINGS | | CONTRIBUTIONS | |
|-------------------|--------------------------------|----------------------------------|---------------------|------------------------|-------------------------|-------------------------|
| 6.1 MONTHLY | 6.2 CORRESPONDING WEEKLY | | 6.4 ACTUAL \$ | 6.5 INSURABLE \$ | 6.6 EMPLOYER 7.8% | 6.7 EMPLOYEE 5.2% |
| Less than \$1,500 | Less than \$346.00 | | | | | |
| \$1,500 and over | \$346.00 and over | | | | | |
| TOTAL | | | | | | |

7. To be completed for all Employees 60 years and over or under 16 years

| EARNINGS CLASS | | 7.3 NUMBER OF EMPLOYEES | TOTAL EARNINGS | | CONTRIBUTIONS |
|-------------------|--------------------------------|----------------------------------|---------------------|------------------------|--------------------------|
| 7.1 MONTHLY | 7.2 CORRESPONDING WEEKLY | | 7.4 ACTUAL \$ | 7.5 INSURABLE \$ | 7.6 EMPLOYER 1.53% |
| Less than \$1,500 | Less than \$346.00 | | | | |
| \$1,500 and over | \$346.00 and over | | | | |
| TOTAL | | | | | |

8. AMOUNT PAYABLE \$

9. I hereby declare that the payments made are in conformity with the National Insurance and Social Security Regulations.

The total remittances for the year to date is \$ _____

10. The schedule of employees consists of _____ pages.

11. Signature of Employer: _____
(or Representative)

12. Date: _____

13. Employer's Stamp: _____