NATIONAL INSURANCE SCHEME
P.O. Box 322, Melville Street, St. George's, Grenada W.I.
Telephone No. (473) 440 3309 Fax: (473) 440 6636
Email: cservice@nisgrenada.org URL http://www.nisgrenada.org

REMITTANCE FORM

EMPLOYER_____ EMPLOYER REGISTRATION NUMBER | | | | | | | — | |

MONTH _____ 20__

Contributions are payable by the 14th of the following month. Payment after this date must be accompanied by the penalty charge of 10% flat and interest of 1% per month.

I certify that the information given hereunder is true and correct.

_____ Date

_____ Name of authorized officer

_____ Signature

	$	¢
Contribution		
Penalty		
Interest		
Total		

	EMPLOYEE'S NAME (Surname First) and Christian Name (s)	EMPLOYEE'S REGISTRATION NUMBER	INSURABLE EARNINGS WEEK/FORTNIGHT WEEK NUMBER						TOTAL INSURABLE EARNINGS		TOTAL CONTRIBUTIONS (9%)	
	PLEASE INSERT WEEK NUMBERS HERE ————>								$	¢	$	¢
1												
2												
3												
4												
5												
6												
7												
8												
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18												
19												
(Sub) Total (carry forward if applicable)												

No. 8B (S) Revised 2011

EFFECTIVE 1ST JANUARY, 2012

THE INSURABLE EARNINGS LIMITS ARE $990 WEEKLY $4250 MONTHLY.

	EMPLOYEE'S NAME (Surname First) and Christian Name (s)	EMPLOYEE'S REGISTRATION NUMBER	INSURABLE EARNINGS WEEK/FORTNIGHT WEEK NUMBER						TOTAL INSURABLE EARNINGS		TOTAL CONTRIBUTIONS (9%)	
									$	¢	$	¢
	Bal. b/f (if applicable)											
20												
21												
22												
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Total (carry forward if applicable)												