

TO: National Insurance Scheme
P.O. Box 322
Melville Street
St. George's

DATE:

Tel: 440-3309 / Fax: 440-6636

FROM: _____

EMPLOYER NO: _____

ADDRESS: _____

Our contribution records for the period _____ have been/will be submitted by electronic means.

Enclosed please find cheque in the amount of _____ representing payment for the period _____.

I certify that the amounts shown represent the total contribution due and payable.

Title _____

Company Stamp:

FOR OFFICIAL USE ONLY

ITEM RECEIVED: PAYMENT: DISKETTE EMAIL FILE

RECEIVED: DATE: _____ INIT _____

QUALITY TEST: DATE: _____ INIT _____

ENTERED: DATE: _____ INIT _____

VERIFIED: DATE: _____ INIT _____