



National Insurance Electronic Remittance Form

INSTRUCTIONS

1. Complete all items on the form
2. Forms must accompany electronic media and submitted to the NIS office Monthly

1. Particulars of Employees For The Month of _____ 20____
2. Employer's Name _____ 3. Registration no. |__|__|__|__|__|__|
4. Address _____ 5. No. of Employees _____
6. Gross Wages: \$ _____
7. Total Insurable Earnings \$ _____
8. Employee's Contributions (Age 16-59 3.5%) \$ _____
9. Employer's Contributions (Age 16-59 4.5%) \$ _____
10. Total Contributions (8%) \$ _____
11. Other (Under 16yrs/Over 60yrs .5%) \$ _____

DECLARATION: I certify that the particulars given above are correct.

12. Employer's Signature _____ Date ____/____/____/
Day Month Year

FOR OFFICIAL USE ONLY

Electronic Submission Record no. _____

ERRORS Yes [] No [] Checked By: _____ Returned: Yes [] No [] Date ____/____/____/