

To: National Insurance Corporation (NIC)  
Francis Compton Building  
Waterfront Castries  
Tel: 452-7667 / Fax: 451-9882

Date:

From: \_\_\_\_\_ Employer No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please find attached the diskette containing NIC contributions for the pay

period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

The filename is \_\_\_\_\_.

There are \_\_\_\_\_ employees.

The grand total contribution (10%:5% employee and 5% employer) for all employees

is \_\_\_\_\_.

Cheque No. \_\_\_\_\_ for the above amount is attached/will be sent.

Maximum number of weeks in payroll period for fortnightly/weekly staff \_\_\_\_\_.

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

\_\_\_\_\_

Title \_\_\_\_\_

Company  
Stamp:

\_\_\_\_\_

FOR OFFICIAL USE ONLY

RECEIVED:      DATE \_\_\_\_\_ INIT \_\_\_\_\_

ENTERED:      DATE \_\_\_\_\_ INIT \_\_\_\_\_

VERIFIED:      DATE \_\_\_\_\_ INIT \_\_\_\_\_