



COMMONWEALTH OF THE BAHAMAS THE NATIONAL INSURANCE ACT, 1972

Date Monday, July 20, 2015

TO: _____
NAME OF EMPLOYER

REFERENCE: _____
NAME OF EMPLOYEE

REGISTRATION NO. OF EMPLOYER

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N. I. NO. OF EMPLOYEE

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EMPLOYEE PAY NUMBER

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Dear Sir/Madam:

The person named above has made a claim for National Insurance Benefit. To enable the Board to determine the correct rate of benefit, we need to know his/her total insurable wages on which contributions have been paid or are due to be paid in respect of the period of employment shown below.

We should therefore be grateful if you would complete the certificate below and return it to this office as quickly as possible.

For _____

Local Office Manager

| PERIOD OF EMPLOYMENT | | CONTRIBUTION DUE | | | | |
|----------------------|------|--------------------------------|--------------|----------|----------|-------|
| MONTH | YEAR | TOTAL INSURABLE WAGE OR INCOME | NO. OF WEEKS | EMPLOYEE | EMPLOYER | TOTAL |
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I certify that during the above period the person named above was employed by me/us:
FROM _____ TO _____ for a period of _____ weeks.

The information is correct to the best of my knowledge and belief.

SIGNATURE _____ POSITION _____