



SOCIAL SECURITY BOARD
VOLUNTARY CONTRIBUTOR
MONTHLY REMITTANCE

A) NAME _____

B) REGISTRATION NUMBER _____

<i>PAYMENT DATE</i>	<i>CONTRIBUTION MONTH</i>	<i>INSURABLE EARNINGS</i>	<i>CONTRIBUTION AMOUNT 7%</i>	<i>COMMENTS</i>

SIGNATURE: _____

DATE: _____

OFFICIAL USE ONLY

CASHIER _____ *RECEIPT NO.* _____ *DATE* _____ *VERTIFIED* _____

POSTED _____ *DATE* _____ *CHECKED* _____