

# CONTRIBUTION CERTIFICATE



## ANGUILLA SOCIAL SECURITY BOARD R.S.A.c.S45 LAWS OF SELF-EMPLOYED CONTRIBUTION CERTIFICATE

*THIS FORM IS TO ACCOMPANY ANY SELF-EMPLOYED CONTRIBUTION PAYMENT*

1. Self-Employed Social Security No.

SE

2. Name and Address:

3. Tel No: \_\_\_\_\_ Email: \_\_\_\_\_

4. Period for which contributions are being paid

	FROM DD/MM/YY	TO DD/MM/YY	WEEKLY INCOME EC\$	NO. OF WEEKS	WEEKLY CONTRIBUTION EC\$	TOTAL AMOUNT EC\$
CURRENT						
ARREARS						

### FOR OFFICIAL USE ONLY

Receipt No: \_\_\_\_\_ Fines of: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Cashier: \_\_\_\_\_

OFFICIAL STAMP

**CAUTION: It is an offense to provide false information.**

I certify that the above information is true and correct.

I certify that the contributions herein  
have been correctly posted

\_\_\_\_\_  
Certifying Officer

\_\_\_\_\_  
Signature of Self-Employed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Contributions are due to be paid not later than fourteen days after the end of the calendar month.**