

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 ECS	NO. OF WEEKS	WEEKLY CONTRIBUTION ECS	TOTAL AMOUNT ECS
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.