

TUVALU NATIONAL PROVIDENT FUND
MONTHLY CONTRIBUTION PAYMENT STATEMENT

Form C2

EMPLOYERS REG: NO

FROM: Name and Address of Employer : _____

TO: General Manager
Tuvalu National Provident Fund
Vaiaku, Funafuti

(PLEASE ANSWER IN THE BOXES PROVIDED)

Statement for the month:

Year: _____

During the month

- | | | |
|----|---|--|
| 1. | The total number of persons in our employment was | <input style="width: 90%; height: 100%;" type="text"/> |
| 2. | There were no/ changes in the labour force: | |
| | (a) The number of new employees was | <input style="width: 90%; height: 100%;" type="text"/> |
| | (b) The number of leavers was, including death | <input style="width: 90%; height: 100%;" type="text"/> |

The names and membership identity numbers of the employed persons concerned are included on the attached Form C.3.

- | | | | |
|----|---------------------------------------|-----|--|
| 3. | Total Salaries / Wages | | <input style="width: 90%; height: 100%;" type="text"/> |
| 4. | Contributions deducted from employees | 13% | <input style="width: 90%; height: 100%;" type="text"/> |
| 5. | Contributions from employers | 10% | <input style="width: 90%; height: 100%;" type="text"/> |
| 6. | Total contributions payable | 23% | <input style="width: 90%; height: 100%;" type="text"/> |
| 7. | Amount of any surcharge due | 5% | <input style="width: 90%; height: 100%;" type="text"/> |

I forward herewith a cheque/cash for payment of the amount due.

Date: ____ / ____ / ____

Signature: _____

Warning: Late payment may result in the imposition of a surcharge of 5% on the amount outstanding on the 16th of the month following the month in which the liability arose and each subsequent month.
Failure to pay may result in prosecution.
Anyone who gives false information shall be liable to prosecution.