NATIONAL INSURANCE - GUYANA

PAYMENT VOUCHER FOR VOLUNTARY CONTRIBUTORS

NOTE: Remittances should be crossed 'A/C Payee only'.

To: Finance Controller
National Insurance
P. O. Box 101135
Georgetown

I enclose Cheque/Po	stal Order/Money Order* No	in favour of				
the General Manager	, National Insurance - Guyana, for the sum o	of				
dollars (\$) being payment of voluntary contributions to National Insurance for					
	months, beginning					
and ending at the rate of						
per month. My Natio	nal Insurance Number is	and the number of				
my Certificate of Voluntary Insurance is						
Please Print:						
NAME:		Signature				
ADDRESS:		<u> </u>				
		Date:				

R400F7 VC R0 (a) Revision Date: October, 2019

^{*}Delete where inapplicable

FOR OFFICIAL USE

FROM:	Finance Controller	To: Records		Supervisor		
	Receipt No:		. issued on	l		
	Date:		Signature	·		
	ACTION IN RECORDS SECTION					
	Contribution checked by Date:					
	Contribution entered on Computer by					
	Date:					
	Entry verified by			Date:		
	Filed by			Date:		