



NATIONAL PENSION SCHEME AUTHORITY

REMITTANCE FORM

PART A. EMPLOYER DETAILS

EMPLOYER ACCOUNT NUMBER

EMPLOYER NAME

P. O. BOX

PLOT NUMBER

AREA

STREET NAME

TELEPHONE / CELLPHONE NO.

FAX NUMBER

EMAIL

METHOD OF PAYMENT

CASH

CHEQUE

MONEY ORDER

POSTAL ORDER

(please tick as applicable)

CHEQUE/MONEY ORDER/POSTAL ORDER NUMBER
(Delete what is not applicable)BANK/POST OFFICE NAME/
BRANCH/TOWN

PART B. COLLECTION PERIODS

YEAR	MONTH	AMOUNT PAID FOR YEAR/MONTH	PENALTY PAID	NET AMOUNT PAID
TOTAL		(Should be equal to Total Amount in Part A.)		

PART C. AGREEMENT DETAILS

(to be completed where Employer is paying for an existing Agreement with NAPSA)

YEAR	MONTH	AMOUNT DUE	AMOUNT PAID
TOTAL		(Should be equal to Total Amount in Part A.)	

PART D. DECLARATION

I certify that the amount paid is correct and that there have been NO changes in gross wages and number of employees in relation to previous remittance

I certify that the amount paid is correct in accordance to changes in gross wages / number of employees as shown by accompanying amendment return

(Tick which is applicable)

OFFICIAL STAMP

CAPACITY

SIGNATURE

DATE

PART E. FOR OFFICIAL USE ONLY

RECEIVED BY

SIGNATURE

DATE

PROCESSED BY

SIGNATURE

DATE

PROCESSING CENTRE

MANUAL RECEIPT NO. (if any)

RECEIPT NUMBER

DATE PRINTED

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RETURN VERIFICATION CHECKLIST

(please tick as applicable)

01. IS ACCOUNT NUMBER VALID

02. NUMBER OF EMPLOYEES:

LESS THAN 10

MORE THAN 10

03. RETURN TYPE

SOFT COPY

HARD COPY

04. IS RETURN IN CORRECT FORMAT AND GRIDLINES INSERTED

05. FULL EMPLOYEE NAMES

06. ALL NRC NUMBERS FOR EMPLOYEES INSERTED

07. RETURN TOTAL AGREES WITH CHEQUE AMOUNT

08. HAS PENALTY PAYMENT (IF ANY) BEEN ALLOCATED TO CORRECT PERIODS

VERIFIED BY:

09. IS CHEQUE VALID (PROPERLY DATED)

10. DOES AMOUNT IN WORDS AND FIGURES AGREE ON CHEQUE

11. IS CHEQUE SIGNED

OFFICIAL STAMP