



# CONTRIBUTION SCHEDULE FORM

Employer Reference No : ..... Contribution Type : ..... Contribution Month : .....  
 Employer Name : ..... Total Contributions : ..... Contribution Year : .....  
 Employer Trading Name : ..... Total Wages : ..... Wages Month : .....  
 Postal Address : ..... Total no. of Employees : ..... Wages Year : .....  
 City : ..... CS Due Date : ..... CS Code : .....

Line No.	Member Number	MEMBER'S FIRST NAME	MEMBER'S MIDDLE NAME	MEMBER'S LAST NAME	MEMBER'S Tax ID No.	Compulsory Contribution Amount	Employer Additional Contribution Amount	Member Additional Contribution Amount	Total Contribution Amount	Monthly Gross Salary	Employment Status [1 = Active, 2 = On-Leave, 3 = Terminated]	Employment Status Date	Payment Frequency [1 = Weekly, 2 = Fortnightly, 3 = Monthly]
1													
2													
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4													
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Employer Rep. Name: ..... Designation: ..... Page No. ....  
 Employer Rep. Signature: ..... Date: ..... Total No. of Pages. ....