

SOCIAL SECURITY AND NATIONAL INSURANCE TRUST PAYMENT OF MANDATORY CONTRIBUTION PURSUANT TO SECTION 63 OF ACT 766 CONTRIBUTION PAYMENT ADVICE

		Printed on 06/06/2017	
ERNO: 201704457	SCHEME TYPE: Tier 1		
EMPLOYER NAME: CEGELEC G	HANA LIMITED		*
POSTAL ADDRESS: KD 1369 ACCRA		FAX:	
TEL NO:	MOB NO: 024781754	OFFICE OF PAYMENT: AIRPORT CITY	
E-MAIL:			
SOCIAL SECURITY CONTRIBUTION INFORMATION		AMOUNT GH¢	
		67.50	
Contribution Balance as at June 2017		0.00	
Penalty on Unpaid and Dela	yed Contributions as at 06/06/2017	0.00	

PAYMENT TYPE	STAFF	NO. OF WORKERS	AMOUNT GH¢
20.00004	ALL	1	67.50
Normal	7.44	1	0.00
			67.50
	PAYMENT TYPE Normal	CATEGORY	PAYMENT TYPE CATEGORY WORKERS

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Total Amount in words: SIXTY SEVEN CEDIS, FIFTY PESEWAS ONLY

SIGNATURE & STAMP OF Z

EMPLOYER.....

(FOR SSNIT OFFICIAL USE ONLY)

RECEIPT NUMBER