

[illegible]

(Used in the case of employers submitting payment from the total contribution of the branch)

For monthly wages..... Years

Name of establishment.....

Account Number:

Percentage Contribution Rate:

1	2	3	4	5	6	7
No.	Brunch	Total wages	contribution insurer	Employer contributions	Total contributions	Quantity Insurer Contributing
Total for this sheet only						
Total Amount						

Cooperate Signal (if any)	Defect	Cooperate
Defect	100	100
Cooperate	100	100

Signature.	Employer
()	
Position	
Filed date.....month.....	Year.....

For employees of the Social Security Office

Payment date:

Additional money (if any).....baht Satang

receipt number	
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Signature

Position:

For bank officers/service units

Payment date:

Receipt number

Bank/Service Stamp

Signature

Position:

[illegible]