			Contribution S	Submission I	Money Lis	t					
Establishment i	name :					Account Number:					
Branch:						Branch order					
Location of hea	ad office/branch										
						Percentage Contribution Rate:					
Zip code:		Phone:		Fax:							
Remittance of Contributi	ions for monthly wages	B.E		'	'						
				Amount			Payment date:				
	list		Baht		Satang		Additional money (if an	y)baht	Satang		
1. Total wages							receipt number				
2. Employee Cor	ntribution										
3. Employer Con	ntribution						Signature				
4. The total amou	unt of contribution	ns contributed					(			)	
(											
5. The number of	f the insured who	submitted contributions			Persons		Position:				
I hereby certify th	hat the listed item	is are accurate, complete	and true in all respects.					For bank office	ers/service units		
Fllowing docume							Payment date:				
□ Details of subr	mission of contrib	utions amount	number of sheets				Receipt number				
☐ Electronic media							Bank/Service St	amp			
□ Internet											
□ Other			Signature.	Signature. Emp		oyer	Signature				
	Coperat	te	(			)	(			)	
	Signet	:   )	Position				Position:				
	(If any)		Filed date	month		Year					

						a					
Contribution		ails				Sheet NoIn the number ofsheets					
For monthly						Account No.					
Establish	ment nar	ne:				Branch No.					
	1	2	3	4	5						
	- '	2	3	+	3						
	No.	ID Card Number	First - Last Name	Actual wages	Contribution to the insurer (For foreigners, enter the insurance card number) (The fee used in the calculation is not less than 1,650 baht and not more than 15,000 baht)						
				-							
			Total								
	Notice										
	the con	stributions by the 15th da h the contributions are o	oth parts of Form Sor Por Sor 1-10 and remit ay of the month following the month leducted. Otherwise, an additional penalty of 2% per month will be required. In that must be submitted		Signature. Employer						
	2. For t	he insured who is a fore	igner Enter the Social Security card number in the National ID field.		(	)					
	of conti	ributions for those who r	actual wages paid, in box 5 calculation eceive wages less than 1,650 baht tf and those who receive wages over 15,000	Corporate Signal (If any)	Position						
	baht. ca	alculated from 15,000 ba	aht		Filed dateYear						
	and let		re is more than 50 satang, round up to 1 baht, if less than 50 satang, round off. ontributions in part.Employer is equal to amount of the insured's unded to satang.								
	5. For t	he benefit of the insured	index to satang 'i's right to claim compensation, every time the contributions are sent, e details, and clearly with a printer or handwritten								
		unpaid insurers Please f	· · ·								

		Contri	bution summa								
	(Used in th										
		For monthly wag	ges		Years						
		Name of esta	lishment					Account Number:			
							Percenta	age Contribution Rate:			
1	2	3	4	5	6	7		For e	employees of the Soci	al Security Office	
			contribution	Employer	Total	Quantity Insurer		Payment date:			
No.	Brunch	Total wages	insurer	contributions	contributions	Contributing		Additional money (if any)	baht	atang	
								receipt number			
								Signature			
								(			)
								Position:			
									For bank officers/se		
								Payment date:			
								Receipt number			
	Total for this sheet only							Bank/Service Stamp			
	Total Amount										
								Signature			
								(			)
		Cooperate	Signature.		Employer			Position:			
		Signal	(			)					
		(if any)	Position								
		Filed dateYearYear									

			Contribution sun	nmary sheet in cas	e of collective filing					
		(Used in the ca			I contribution of the branch)			Sheet No	In the number of	fsheets
		(1111		<b>5</b> , , , , , , , , , , , , , , , , , , ,						
ame of est	ablishment						Account Num	per:		
1	2	3	4	5	6	7				
No.	Brunch	Total wages	Contribution Insurer	Employer contributions	Total contributions	Quantity Insurer Contributing				
-										
<del>-  </del>										
			Signature.	Employe	·					
		Corporate Signal	(		)					
		(If any)	Position							