

## Contribution Submission Money List

Establishment name :

Account Number:

Branch :

Branch order

Location of head office/branch

Percentage Contribution Rate:

Zip code:

Phone:

Fax:

Remittance of Contributions for monthly wages ..... B.E. ....

For employees of the Social Security Office

list	Amount	
	Baht	Satang
1. Total wages		
2. Employee Contribution		
3. Employer Contribution		
4. The total amount of contributions contributed		
( )		
5. The number of the insured who submitted contributions		Persons

Payment date: ..... ..

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

receipt number

Signature

( )

Position:

For bank officers/service units

I hereby certify that the listed items are accurate, complete and true in all respects.

Following document has been attach

☐ Details of submission of contributions amount.....

☐ Electronic media

number of sheets.....

☐ Internet

☐ Other

Coperate  
Signet  
(If any)

Signature.

Employer

( )

Position

Filed date.....month..... Year.....

Payment date: ..... ..

Receipt number

Bank/Service Stamp

Signature

( )

Position: