

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..... number of sheets.....

☐ Electronic media

☐ Internet

☐ Other

Coperate
Signet
(If any)

Signature.

Employer

()

Position

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

Payment date:

Receipt number

Bank/Service Stamp

Signature

()

Position:

[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:

[illegible]

	Cooperate	Signal (if any)
Cooperate	0, 0	-1, -1
Signal	1, 0	0, 0

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

For employees of the Social Security Office

Payment date:

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

receipt number

Signature

Position:

For bank officers/service units

Payment date:

Receipt number

Bank/Service Stamp

Signature

Position:

[illegible]