

(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)	Defect Signal (if any)	Payoff
Cooperate	Cooperate	10, 10
Cooperate	Defect	0, 0
Defect	Cooperate	0, 0
Defect	Defect	5, 5

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]