



CHAMBER PENSION PLAN

EMPLOYER CONTRIBUTION RECORD

Contribution Period from

Day	Month	Year

 to:

Day	Month	Year

 Page Number

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 of

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Company Name

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 Company Number

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 Currency KYD USD

Member Number	Employee Name		Employee Earnings	Employer % Contribution	Employer Contribution	Employee % Contribution	Employee Contribution	Employee Voluntary	Total Contribution
	Last Name	First Name							

1. Please ensure all enrolments are submitted for all new employees with copies of valid passport photo page
2. Written notification must be sent for all terminations

SUB-TOTAL				
Total Contributions				

I verify the above to be correct

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 Employer Authorised Signature Date

Day	Month	Year