CHAMBER PENSION PLAN

Employer Contribution Record

Contribution Period From ____/____/____ (Day / Month / Year) to: ____/____/____ (Day / Month / Year) Page Number ____ of ____

Company Name _____ Company Number_____ 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 _____ Date ____/____/____

Employer Authorised Signature (Day / Month / Year)

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