

WORKERS COMPENSATION FUND (WCF)

List of amounts contributed for each employee

Employer’s Name:

WCF Reg. No. (If available):

Applicable Month:

Applicable Contribution during 2015/16: (1% of gross pay for private entities)  
(0.5% of gross pay for public entities)

S/N	Employee ID	Employee Name	Employee Basic Salary	Employee Gross Salary
<b>Total</b>				
<b>Total Contributions Due</b>				

Employer’s Authorising Officer

I hereby certify that to the best of my knowledge all particulars in this attachment are complete, true and correct.

Signature of Employer:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

