

**CONTRIBUTION REMITTED TO EPF  
(20%)**

EMPLOYER NO : .....

EMPLOYER NAME : .....

MEMBER NO : .....

MEMBER NAME : .....

YEAR									
MONTH									
JAN									
FEB									
MAR									
APR									
MAY									
JUN									
<b>SUB TOTAL</b>									
JUL									
AUG									
SEP									
OCT									
NOV									
DEC									
<b>SUB TOTAL</b>									
<b>TOT CONTRIBUTION</b>									
<b>HOLIDAY PAY</b>									

DATE : .....

EMPLOYER'S SIGNATURE : .....  
(WITH RUBBER STAMP)