

Contribution Remitted to EPF (20%)

Draft

Employer No :

Employer Name :

Member No :

Member Name :

MONTH \ YEAR	YEAR												
JAN													
FEB													
MAR													
APR													
MAY													
JUN													
SUB TOTAL													
JUL													
AUG													
SEP													
OCT													
NOV													
DEC													
SUB TOTAL													
TOTAL CONTRIBUTION													
HOLIDAY ALLOWANCES													

.....
Date

.....
Employer's Signature
(with Official Seal)