	Serial No.						
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## RECORD OF CONTRIBUTION PAYMENTS APPLICATION FORM

PART A: (To be completed by e	employer or his agent)
DATE OF APPLICATION://	(dd/mm/yy)
EMPLOYER DE	TAILS
NAME OF APPLICANT	
NAME OF EMPLOYER	
EMPLOYER ID NUMBER	
TOTAL NUMBER OF EMPLOYEES	
EMAIL ADDRESS	
TEL. CONTACT	
EMPLOYEE DE	TAILS
NAME OF EMPLOYEE	
NHIP NUMBER	
(name of employee)	(name of agent) hereby certify that I r) to apply for the Record of Contribution Payments of
PART B: FOR INTERNA	AL USE ONLY
REGISTRATION STATUS: REGISTER	RED□NOT REGISTERED □
CUSTOMER SERVICE REPRESENTATIVE Date	
FINANCIAL STATUS:	
OUTSTANDING CONTRIBUTIONS:	YES □ NO □ \$
CONTRIBUTIONS PAID IN FULL:	YES $\square$ NO $\square$
OUTSTANDING ADDITIONAL CHARGES (if any):	YES □ NO □ \$
ADDITIONAL CHARGES (if any) PAID IN FULL	YES □ NO □
CUSTOMER SERVICE SUPERVISOR Date	,