Appendix 3

SCHEDULE OF CONTRIBUTIONS

FOR THE MONTH OF ...., **YEAR** ....

NAME OF EMPLOYER: _____ **CODE:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NAME OF PFA: _____

RECEIVING BANK: _____ **RECEIVING BANK ACCOUNT NO.** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MODE OF PAYMENT: **Swift** ☐   **Cheque** ☐   **Cash** ☐

INSTRUMENT NO.: _____ **TOTAL AMOUNT (₦):** ☐☐☐☐☐☐☐☐☐☐☐.☐☐

SN	Name of Employee	RSA Number (PIN)		Contributions					
				Employer		Employee		Total	
				₦	K	₦	K	₦	K
1									
2									
3									
4									
5									
6									
7									
TOTAL									

Authorised Officer:

Name: _____   Signature: _____   Date: _____