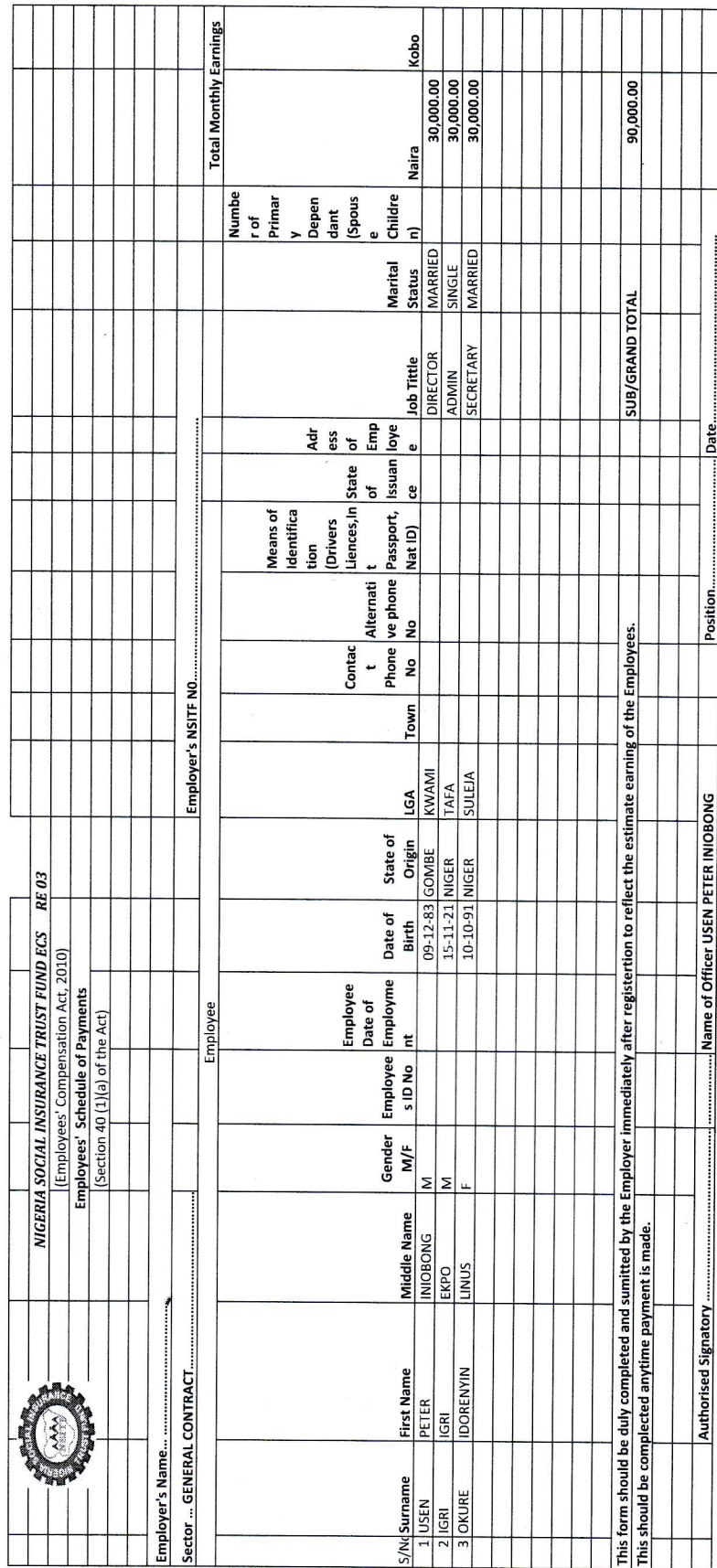






Employer's Name:

Employer's Number

[illegible]

should be duly completed and submitted by the employer immediately after registration to reflect the estimate of earnings of the employees. should be completed any time payment is made.

Authorized Signatory:...

Name of Officer:...

Position:..