

FORM 6

Statement Of Remittance Of Contribution

(Rule 31(2) of the Scheme)

Statement for the month of 20..

1. Name and address of the establishment.....
2. Name of the Owner/ Manager of establishment
3. Details of registration as per The Kerala Shops & Commercial Establishments Act, 1960

Sl. No.	Name of the employee and designation	Membership No.	Amount of contribution paid	Details of bank/ Office where contribution paid	Date of payment/ date of demand draft No. and date	Remarks
1	2	3	4	5	6	7

Date.....

Owners Signature