

OHANA JAMAICA LIMITED

operating as

EduJA**Statutory & Payroll Details Form**

Please complete this form in full and return it before your first payment. Keep a copy for your own records. The information you provide is used only for payroll, tax, and statutory reporting purposes, and is handled in accordance with our Data Privacy & Protection Policy (Staff Handbook §6) — see especially §6.2 on what we collect and why, and §6.4 on how it's kept secure. If any of your details change (for example, a new bank account), please notify us promptly using the same form.

1. Personal Details

Full Legal Name	
Preferred Name (if different)	
Date of Birth	
National ID / Passport No.	
Residential Address	
Mailing Address (if different)	
Phone	
Email	

2. Employment Classification☐ Employee ☐ Independent Contractor

This should match the classification stated in your Employment / Engagement Letter.

Position	
Start Date	

3. Statutory Registration Numbers

Taxpayer Registration Number (TRN)	____ - ____ - ____ (9 digits)
NIS Registration Number	

How NIS, NHT, and PAYE apply to you

Employees: the Company deducts and remits National Insurance Scheme (NIS) contributions (currently 3% of your insurable earnings, matched by a 3% employer contribution, up to the annual insurable earnings ceiling) and National Housing Trust (NHT) contributions (currently 2% of gross emoluments, matched by a 3% employer contribution) on your behalf, along with PAYE income tax. Rates are set by the Government of Jamaica and may change — your payslip will always show the current rate applied.

Independent Contractors: you are responsible for registering with and remitting your own NIS contributions (self-employed persons currently contribute 6%), income tax, and any other statutory obligations directly to Tax Administration Jamaica and the National Insurance Scheme. The Company does not withhold or remit these on your behalf, and does not provide tax advice — please consult Tax Administration Jamaica or a qualified advisor for guidance specific to your situation.

4. Direct Deposit / Bank Details

Bank Name	
Branch Name / Address	
Account Holder Name	Must match your full legal name above
Account Number	

☐ Savings Account ☐ Chequing / Current Account

5. Emergency Contact

Contact Name	
Relationship to You	
Phone (Primary)	
Phone (Alternate)	

6. Certification

I certify that the information provided in this form is accurate and complete to the best of my knowledge, and I understand that incorrect banking or statutory information may delay my payment. I agree to notify the Company promptly, in writing, of any changes to the details provided above.

Signature

Signature

Printed Name

Date