

STATEMENT BY EMPLOYED PERSONS

l	of		
		(Address)	,
telephone number and	d	ance No.	am/have beer
employed as a by 🗌	National Insurational Insuration		
of (Position) Of			
	,	_, Employer's # and	
telephone number from	(Month/Year)	to(Month/Ye	ear)
During the above period, I was paid wages at the			
noid to mo by \Box Mr. \Box Mr.	who is	the	
paid to me by \Box Mr. \Box Mrs. \Box Ms	WIIO IS	(Position))
at on [Deductions of N	ational Insurance contrib	outions at the
rate of \$weekly/monthly (were	/were not) dedu	cted from my wages.	
Signed:	,	, ,	
Olghed			
(PLEASE PRINT YOUR NAME)			
Witness:	Date:		
below, stating the wages/salary in each and the a required, please use the back of the form). Wages/Salary		Weekly /Monthly	
		, , ,	
FOR OFFICIAL USE ONLY			
1. Employment verified:	YES	NO	
2. If not verified, why?			
3. Any difference in period of employment		NO	
4. If yes, what is the difference?			
5. Wage records/C.10 received	YES	NO	
6. Payment received	YES	NO 🗌	
7. When will payment be made?			
8. Was R. I completed?9. If not order?	YES 🗌	NO	
9. If not, why?			
Signed:			
Date:			