Employer Declation

Statutory Bonuses – Pensioner working Part-time

Employee Details		
Identity Card Number: *		
Name: *	Surname: *	
Employee Employme	nt Details (to be filled in by the Employer)	
I declare that the above perso	n is employed with our company indicated below as a part-timer for	hours per week.
The total amount of statutory	bonuses that are paid to this employee every quarter is \in	
I declare that the above inform	nation is correct.	
Employer / Represent	tative and Company Details	
Name and Surname: *		
Company Name: *		
Address: *		
Contact Number: *		
Email:		
Signature		

Date

Company Rubber Stamp