



SOCIAL INSURANCE EXEMPTION

TAXPAYER REF									
DATE OF BIRTH									

PLEASE NOTE:
LAST 3 (THREE) PAYSLEIPS FROM YOUR MAIN EMPLOYMENT ARE REQUIRED.

To *THE COMMISSIONER OF INCOME TAX*

I _____ wish to apply for an exemption certificate for my second employment as I am paying the maximum social insurance contribution rate through my primary employment.

I understand that should my circumstances change I will notify the Income Tax Office, Contributions section immediately.

PRIMARY EMPLOYMENT _____

OTHER EMPLOYMENT _____

Yours faithfully

SIGNATURE:

DATE:

Telephone/Mobile no. _____

**Please NOTE that you will be required to present identification i.e. PASSPORT and/or ID CARD with this application.*

FOR OFFICE USE ONLY

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	PAYSLEIPS SEEN	INTLS	DATE
<input type="checkbox"/>	<input type="checkbox"/>	APPROVED	INTLS	DATE