



**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 .....