

## **SWORN DECLARATION**

(for the payment of daily allowances)

| I the undersigned, Mr/Ms  |
|---|
| ID number:  |
| declare on my honour that I stopped work due to illness on              |
| and that I did not return to work or receive unemployment benefit until |
|   |
|   |
| Drawn up in   |

 $\Rightarrow$  if the work interruption lasts for a period of less than 15 days, submit this declaration at the end of the period,

 $\Rightarrow$  if the work interruption lasts for a period of more than 15 days, submit this declaration every two weeks and at the end of the period.

"In accordance with Law no. 1165, as amended, you have the right to access and amend the personal information relating to you. For more information on the processes implemented, you can consult the "Data Protection" section on the www.caisses-sociales.mc website."