



## 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 ....., on .....

Signed

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

⇒ 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.