CAISSES SOCIALES DE MONACO

CCSS • CAR • CMRC • CAMTI • CARTI

# SWORN DECLARATION
(for Medical Benefits entitlement study)

I the undersigned,

Surname: .....

Fist Name: .....

ID number: .....

Residing at: .....

**Declare on my honour**
(*please tick the boxes corresponding to your situation)*:

☐ **I am not engaged in another occupational activity***

☐ **Carry out a professional activity*** in Monaco only

☐ **Carry out a professional activity*** in France or in another country of the European Union
*(attach a copy of your last payslip or a K-Bis extract)*

☐ **I am registered** with the Employment Office ☐ **I am not registered** with the Employment Office

☐ **I am receiving** *(attach a proof of payment)*:

- ☐ **a retirement pension**
- ☐ **a disability pension**
- ☐ **a workplace accident compensation**
- ☐ **an unemployment allowance paid by**

**Other information** you wish to communicate to us about your situation:

.....

.....

.....

Drawn up in ..... on ..... Signed

* *Salaried or self-employed activity*

GA – 202303102096

*In accordance with the provisions of Law no. 1.565, you have the right to access and rectify information concerning you. For further information on the processing of your personal data, please consult the 'Protection of personal data' section of the www.caisses-sociales.mc website.*