



SWORN STATEMENT compensation for child care (Covid-19)

Form to be filed in by self-employed workers wishing to benefit from compensation for staying at home with their child/ren under age sixteen.
Please send to the C.A.M.T.I.

I, the undersigned: Registration no.

hereby declare that, for the following periods, I am alone in my household to request paid leave to remain with my child/ren in the context of the decision to close our day nursery or school to prevent the spread of Covid-19:

First day of work stoppage	Last day of work stoppage

I hereby declare (check appropriate box):

that my spouse, partner, other parent is employed and cannot benefit from a system of temporary partial paid leave.

that I am the sole parent responsible for my child/ren.

that my activity is at a complete standstill (which excludes all partial activity by an employee or any other party.)

Please find below the surname, given name, date of birth and Social Security no. for the children under my care:

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In on

Signature :

"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."