

FORM "B" (Please provide one copy for each self-employed member of the family.  
Photocopy this form as needed.)

**SELF-EMPLOYED INCOME STATEMENT**

Name of institution, if applicable \_\_\_\_\_

Registration no.: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of work, in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address & Telephone No. \_\_\_\_\_

\_\_\_\_\_

Number of employees: \_\_\_\_\_

Annual Gross Income (in US\$): \_\_\_\_\_

Annual Net Income: \_\_\_\_\_

Name & Seal: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_