

FORM "A" (Please provide one copy for each member of the family who contributes income. Photocopy this form as needed.)

EMPLOYEE INCOME STATEMENT

Employee's name: _____

Position, title & years of service: _____

	Amount in US\$(if "none", enter"0")
Basic annual salary	
Family annual allowance	
Annual transportation	
Annual accommodation	
Annual profit sharing amount from employer	
Annual bonus	
Annual commission	
Any other annual benefit	
Educational benefit (each child separately)	
1.	
2.	
3.	
4.	

No.of months payable/year: _____

To be completed by employer:

Employer's Name & Seal: _____

Name of institution: _____

Telephone: Fixed: _____ Cell: _____

I certify that the above information is correct and has been verified by me.

Employer's Signature: _____ Date: _____