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| [logo] | T**.R.****SOCIAL SECURITY ORGANIZATION****Statement of employment****(For insured persons covered by 4/1-a-b and 506 SK GM 20)** | C:\Users\user\Desktop\media\image1.pngssk.gov.tr reference no |

|  |  |
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| SOCIAL SECURITY REGISTRY NUMBER (Turkish Identity Number)  | TYPE OF CERTIFICATE FIRST : AGAIN: X |

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| 1. IDENTITY INFORMATION OF INSURED / ADDRESS INFIORMATION
 |
| NameLast nameFirst SurnameFather nameMother namePlace of birthDate of birthCountry Name if ForeignerEducation statusGraduation year: 0 |  | PLACE OF REGISTRY  |
| provinceDistrictNeighborhood / VillageVolume NoFamily Sequence Number (section/ register)(Individual) NoBoulevardStreet-StreetNeighborhood / VillageDistrictHouse WireEmail |  |

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| B-INSURED SOCIAL SECURITY INFORMATION |
| 12 | Type of Insurance / Code | Service Contract workers 4 / a X | Independent employees on their behalf mukhtar-jockey 4 / b | Employees subject to Temporary Article 20□ |
| 13 | Before 01.10.2008 | Institution | SSK | BAG | Retirement Fund 506-G.20. M |
| If there is service; | Registration number | 3501201032074 |  | [ |
| 1415 | According to the 13th article of the Law No. 4857,  work on a partial basis, on the basis of the 14th article, on call or at home services for less than 30 days? | Yes 1 1 No  |
| 4-If getting old-age pension due to insurances; Types of insurance to be continued | Social Insurance Support premium  | All Insurance codes  |
| 16 | Insured work starting date | 09.09.2013 |
| 17 | Occupation Name and Code | Financial controller -2411.06 |
| 18 | 4857 SK will be operated according to Article 30 | Disabled Ex-convict  |  Duty code which was determined in accordance to 19- 2821 SK belirlenen görev kodu: | 02 |
| 20 | Self-employed insured person | Independent Activity Name  | Province  | District  | Village |
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| C-EMPLOYER  /WORKPLACE  / TAX OFFICE / CHAMBER OF MERCANTS REGISTRY NO  / CHAMBER OF AGRICULTURE / AGRICULTURE PROVINCE / DISTRICT / COMPANY INFO |
| 21 | ÇSGB work branch  | ÇSGB file no | S | occupatıon  | file no  | province  |  |  |  |
|  |  |  |  | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |  |
| 22 | SSI Workplace no | M | Branch  | Unit  | workplace it. | Province code | District  | Control no | sub- employer |
|  |  |  |  |  |  |  |  |  |  |
| 23 | Tax ID  | 8760043420 |
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|  | D-DECLARATION AND COMMITMENTS |
| 24 | Name / Surname / Title of the Employer / Workplace / Institution | Address of the workplace (institution) |
| 25 | I declare that the above is true. | Name and Surname of Insured, Signature |
| 26 | I declare that the insured of the above-mentioned persons complies with the records in the identity card and the official documents declared.I declare that the document has been issued on the basis of the obligations set forth in the Laws Nos. 5510,4857,5953,854 and 2821,Approving Authority (Stamp / Seal / Signature) |

<https://uyg.sgk.gov.tr/SigoitaliTescil/amp/sigortaliTescilAction> 12.05.2015