|  |  |  |
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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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 1. IDENTITY INFORMATION OF INSURED / ADDRESS INFIORMATION | | | |
| Name  Last name  First Surname  Father name  Mother name  Place of birth  Date of birth  Country Name if Foreigner  Education status  Graduation year: 0 |  | PLACE OF REGISTRY | |
| province  District  Neighborhood / Village  Volume No  Family Sequence Number (section/ register)  (Individual) No  Boulevard  Street-Street  Neighborhood / Village  District  House Wire  Email |  |

|  |  |  |  |  |  |  |
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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 |  | [ | |
| 14  15 | 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