

# SWORN STATEMENT

Employer's Family Name :

Employer's First name :

Address :

I undersigned Mr, Mrs, Miss \_\_\_\_\_, Declaration of the following fact,

Declare on the honor the payment of employer contributions to URSSAF regarding the procedure for my domestic employee.

I swear that the statements made in this document are, to the best of my knowledge, true, correct and complete.

Bangkok, the

Signature :