

## SALARY CERTIFICATE – Applicant A

### EMPLOYMENT DETAILS – to be completed by Employer

Name of Employee: \_\_\_\_\_

Length of service with the company:     Years \_\_\_\_\_ Months \_\_\_\_\_

Position held within the company: \_\_\_\_\_

The exact location of employment: \_\_\_\_\_

Is employment permanent? Yes ☐ No ☐ Is employee on probation period? Yes ☐ No ☐

### SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overtime: _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bonus: _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commission: _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>

### THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL

Signed by: \_\_\_\_\_

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel Number: \_\_\_\_\_ Date: \_\_\_\_\_

Please authenticate with company stamp or seal

### OTHER INCOME DETAILS – to be completed by Applicant

\*Please see the Income Assessment Policy Document for further information on Other Assessable Income

Other Income\*, if applicable: \_\_\_\_\_ p.a

Please provide details: \_\_\_\_\_

\_\_\_\_\_

I declare that the information provided on this form is true and accurate.

Signed: \_\_\_\_\_

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

## SALARY CERTIFICATE – Applicant B

### **EMPLOYMENT DETAILS – to be completed by Employer**

Name of Employee: \_\_\_\_\_

Length of service with the company:     Years \_\_\_\_\_ Months \_\_\_\_\_

Position held within the company: \_\_\_\_\_

The exact location of employment: \_\_\_\_\_

Is employment permanent?   Yes ☐   No ☐     Is employee on probation period?     Yes ☐   No ☐

### **SALARY DETAILS**

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overtime: _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bonus: _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commission: _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>

### **THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL**

Signed by: \_\_\_\_\_

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel Number: \_\_\_\_\_     Date: \_\_\_\_\_

Please authenticate with company stamp or seal

### **OTHER INCOME DETAILS – to be completed by Applicant**

**\*Please see the Income Assessment Policy Document for further information on Other Assessable Income**

Other Income, if applicable: \_\_\_\_\_ p.a

Please provide details: \_\_\_\_\_

\_\_\_\_\_

I declare that the information provided on this form is true and accurate.

Signed: \_\_\_\_\_

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE