



Immigration & Naturalization Service of Sint Maarten
A.Th. Illidge rd 8,
Philipsburg
Tel: (721) 5430352 / Fax: (721) 5430386

Employer's declaration

DATA OF EMPLOYEE (such as can be found on the passport)

Surname: _____

Given name(s): _____

Birth date and birth place: _____

Gender: male / female

Nationality: _____

Address: _____

ID-number: _____

DATA OF THE COMPANY / ORGANIZATION:

Name: _____

Address: _____

Telephone number: _____

Cribnummer: _____

DATA OF FUNCTION DESCRIPTION AND SERVICE RELATION:

Employee's function: _____

Start date: _____

Permanent service relation for an indefinite period: yes / no

Service relation for a fixed period: yes / no, from _____ until _____

Probation: yes / no, until _____

Hours per week (contractual): _____

Hours per week (actual): _____

Gross salary excluding vacation pay Naf. _____ per month per 4 weeks

Net salaries excluding vacation pay Naf. _____ per month per 4 weeks

Vacation pay: yes / no

EMPLOYER'S SIGNATURE (I hereby declare to have filled out this form as truthfully and honestly)

Name (completed in print):Function:.....

Date & Signature: .../.../... ..Company stamp: _____

** Please provide a copy of the employer's passport.*