

Access to Employment (A2E) Scheme (3rd Call) - Request for Verification

A. DETAILS OF THE A2E SCHEME PARTICIPANT (NEW PARTICIPANT)

Name and Surname:

ID Card Number:

Current Address:

This is to confirm that I have known the above-mentioned person for at least 2 years.

I also confirm that, to the best of my knowledge, the above-mentioned person is currently living as a single adult with one or more dependents (dependents may be persons who are wither under 18 years of age or bed ridden or who are severely mentally/physically disabled because they need continuous care).

B. DETAILS OF THE PROFESSIONAL SIGNING THIS ATTESTATION

Name in Block Letters:

Profession:

Contact Details Address:

Mobile Number:

Email Address:

Signature: _____

Date:

