

# Access to Employment (A2E) Scheme ( Call 3.1) - Request for Verification

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

Name and Surname:

ID Card Number:

Current Address:

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*This is to confirm that I have known the above-mentioned person for at least 2 years<sup>1</sup>.*

*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:

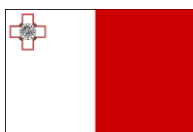
Contact Details Address:

Mobile Number:

Email Address:

Signature: \_\_\_\_\_

Date:



Operational Programme II - European Structural and Investment Funds 2014-2020  
"Investing in human capital to create more opportunities and promote the wellbeing of society"  
Aid part-financed by the European Social Fund  
Co-financing rate: 80% European Union; 20% National Funds



<sup>1</sup> Such period can be less if a person has been residing in Malta for a less period.