

REQUEST FOR VERIFICATION ACCESS TO EMPLOYMENT (A2E) SCHEME

Details of the A2E Scheme participant (*new participant*):

Name: _____

Surname: _____

ID 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 either under 18 years of age or bed ridden or who are severely mentally/physically disabled because they need continuous care*).

Details of the professional signing this attestation:

Date: _____

Signature: _____

Name in Block Letters: _____

Profession: _____

Contact Details: Address: _____

Email: _____

Mobile: _____

