Premium Payment Slip

Social Security Organization

Date of issue:……

User's code: ……

Workshop's code/ insured: ……..

Name of workshop / insured: **……**

Name of Employer: **……**

Address: ……..

documents: the received list with debit no. ……. …… period from …… to ……..

Check no.: check …….. ……

…… bank Branch: ……. check amount: ……

Description: amount:

Premium ……..

Unemployment premium …….

Penalty ……

Payable amount …….

Maximum grace: ……..

Social Security branch : ……..

TRUE TRANSLATION CERTIFIED

Daryan official translation