

SALARY CERTIFICATE – Applicant A

EMPLOYMENT DETAILS – to be completed by Employer

Name of Employee: _____

Length of service with the company: Years _____ Months _____

Position held within the company: _____

The exact location of employment: _____

Is employment permanent? Yes No Is employee on probation period? Yes No

SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL

Signed by: _____

Position: _____

Company Name: _____

Address: _____

Tel Number: _____ Date: _____



Please authenticate with company stamp or seal

OTHER INCOME DETAILS – to be completed by Applicant

*Please see the Income Assessment Policy Document for further information on Other Assessable Income

Other Income*, if applicable: _____ p.a

Please provide details: _____

I declare that the information provided on this form is true and accurate.

Signed: _____

SALARY CERTIFICATE – Applicant B

EMPLOYMENT DETAILS – to be completed by Employer

Name of Employee: _____

Length of service with the company: Years _____ Months _____

Position held within the company: _____

The exact location of employment: _____

Is employment permanent? Yes No Is employee on probation period? Yes No

SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL

Signed by: _____

Position: _____

Company Name: _____

Address: _____

Tel Number: _____ Date: _____

Please authenticate with company stamp or seal

OTHER INCOME DETAILS – to be completed by Applicant

*Please see the Income Assessment Policy Document for further information on Other Assessable Income

Other Income, if applicable: _____ p.a

Please provide details: _____

I declare that the information provided on this form is true and accurate.

Signed: _____