



DOMESTIC TAX REVENUE

CERTIFICATE OF EMPLOYEE LEAVING

1. EMPLOYEE'S DETAILS

EMPLOYEE ETN

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SURNAME.....

OTHER NAMES.....

DATE OF BIRTH.....

NATIONALITY.....

POSTAL ADDRESS.....

PHYSICAL ADDRESS.....

CONTACT TELEPHONE NUMBER :.....

MARITAL STATUS.....

CAPACITY EMPLOYED.....

PERIOD OF EMPLOYMENT DURING THE YEAR.....

FROM..... TO.....

TOTAL GROSS EMILUMENTS FOR THE PERIOD: K.....

TOTAL TAX (PAYE) DEDUCTED TO DATE.....

2. PARTICULARS OF EMPLOYER

TPIN :

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NAME OF EMPLOYER.....

POSTAL ADDRESS.....

PHYSICAL ADDRESS.....

E-MAIL.....

I declare that the information given above is correct and complete.

Date.....