

Date received:

**CERTIFICATE OF SALARIES
FOR PROFESSIONAL CONTINGENCIES**

1. Company details

| | | | |
|--|------------------|---------------------------------|-------------------------|
| Business name | | Contribution Account Code (CCC) | |
| Address | | Town/City | Postcode |
| Province | Telephone number | Activity | |
| Name and surname(s) of the person certifying | | National I.D. No. (D.N.I.) | Position in the company |

2. Details of the injured worker

| | | | |
|--------------------------|-----------------------|----------------------------|--------------------------------|
| Name and surname(s) | | National I.D. No. (D.N.I.) | Social Security Membership No. |
| Location of the accident | Date of the accident | Date of de-registration | Date joined the company |
| Profession | Professional category | Tasks performed | |

3. Employment details

– Type of contract: Per Permanent Tempora Part-time Multiple

– Form of remuneration Per unit of time: Daily Weekly Monthly

By work unit

Mixe

– Applicable sectoral regulations or Collective _____

4. Salary details

– Amounts received

| | |
|--|----------------------|
| – Wage or salary per unit of time _____ € | – House room _____ € |
| – Compensation per task or unit of work _____ € | – Foods _____ € |
| – Benefits or share of computable income _____ € | – Length of _____ € |

– Extraordinary July _____ € December _____ € Benefits/Other _____ €

– Complementary bonuses and

| | |
|---|------------------------------------|
| – Commissions _____ € | – Attendance bonuses _____ € |
| – Overtime _____ € | – Production bonuses _____ € |
| – Night work, arduous, toxic and dangerous work _____ € | – Incentives per work unit _____ € |
| – Other _____ € | – Other _____ € |

– Working days actually worked _____ Working days, according to the _____

* All these details must always refer to the 365-day period immediately prior to the accident

– Number of hours actually worked in the preceding 365 days _____

– Normal working day in the activity _____ – Normal working day in the activity _____

The worker's assent

Company's signature and seal