

<https://parsistrans.com>

دارالترجمه رسمی یارسیس

تلفن : ۰۲۱ ۴۴۸۷۹۶۳۰

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: Description: check amount:

amount: Premium Unemployment

premium Penalty Payable

amount

Maximum grace:

Social Security branch :

TRUE TRANSLATION CERTIFIED

Daryan official translation