

On behalf of the employer:

Name: -

Date of signature :

National registration number: -

Signature

On behalf of the service provider:

Name: -

Date of signature :

National registration number: -

Signature

IMPORTANT NOTES:

(1) Selecting one or more groups of services implies that the service provider has access to the electronic social security network as well as to the basic infrastructure and software necessary to be able to manage the employer's obligations.