

PART III: FAMILY INCOME

A. Income from Work

Professional Details	<u>Details of Last Employer</u>	Ann Gro Incom Wo
<p>Of Applicant:</p> <p>Occupation:</p> <p>..</p> <p><input type="checkbox"/> Salaried/or</p> <p><input type="checkbox"/> Self employed/or</p> <p><input type="checkbox"/> Pensioner</p>	<p>Name/Business Title.</p> <p>.....</p> <p>Address.</p> <p>.....</p> <p>..... Tel.</p> <p>.....</p>	<p>£</p> <p>.....</p>
<p>Of Spouse:</p> <p>Occupation:</p> <p>..</p> <p><input type="checkbox"/> Salaried/or</p> <p><input type="checkbox"/> Self employed/or</p> <p><input type="checkbox"/> Pensioner</p>	<p>Name/Business Title</p> <p>.....</p> <p>Address.</p> <p>.....</p> <p>..... Tel.</p> <p>.....</p>	<p>£</p> <p>.....</p>
Dependant Children in Employment		
<p>Name:</p> <p>.....</p> <p>.....</p> <p>Occupation:</p> <p>.....</p> <p><input type="checkbox"/> Salaried/or</p> <p><input type="checkbox"/> Self employed</p>	<p>Name/Business Title.</p> <p>.....</p> <p>Address.</p> <p>.....</p> <p>..... Tel.</p> <p>.....</p>	<p>£</p> <p>.....</p>
<p>Name:</p> <p>.....</p> <p>.....</p> <p>Occupation:</p> <p>.....</p> <p><input type="checkbox"/> Salaried/or</p> <p><input type="checkbox"/> Self employed</p>	<p>Name/Business Title.</p> <p>.....</p> <p>Address</p> <p>.....</p> <p>..... Tel.</p> <p>.....</p>	<p>£</p> <p>.....</p>
		Total
		£
B. Annual Gross Income from pensions and other sources:		
		Income

Pensions: (1) Social Security		£
(2) Social Pension		£
(3)		£
Rent/Interest/Dividends		£
Other income		£
TOTAL FAMILY INCOME		£

C. Cover from a medicare fund or health insurance: YES/NO. If «yes» state:
Fund/Health Scheme: Health Cover
from Insurance Company:

DECLARATION

I am hereby applying for a Medical Identity Card and declare that all the details contained in this statement as well as the certificates and other documents accompanying this application are true and correct and that I permit the Services of the Ministry of Health to seek confirmation from various Government Services, including the Internal Revenue Department, regarding the information and documents referring to my income and the income of my dependants.

- I further declare that both I and my spouse–
- ❖ Do not submit tax returns and to date have not been taxed in pursuance of the Income Tax Law
 - ❖ The last year for which I/we submitted tax returns in pursuance of the Income Tax Law was.....

❖ Delete where non applicable

Date: / / 200...
Signature: