



**SWORN DECLARATION  
(for Medical Benefits entitlement  
study)**

I the undersigned,

Surname: .....

Fist Name: .....

ID number: .....

Residing at: .....

**Declare on my honour**

*(please tick the boxes corresponding to your situation):*

**I am not engaged in another occupational activity\***

**Carry out a professional activity\*** in Monaco only

**Carry out a professional activity\*** in France or in another country of the European Union

*(attach a copy of your last payslip or a K-Bis extract)*

**I am registered** with the Employment Office

**I am not registered** with the Employment Office

**I am receiving** *(attach a proof of payment):*

**a retirement pension**

**a disability pension**

**a workplace accident compensation**

**Other information** you wish to communicate to us about your situation:

.....  
.....  
.....

Drawn up in ..... on .....

Signed

\* *Salaried or self-employed activity*