

Xem thêm: Dịch vụ [dịch thuật công chứng](#) của Á Châu.

COPY

COMPULSORY SOCIAL INSURANCE PAYMENT

Full name :

Date of Birth :

Book no.:

Permanent household :

From	To	Description	Basic for payment	Payment rate (%)	
				Social insurance	Unemployment insurance
1	2	3	4	5	6

CERTIFIED TRUE COPY OF ORIGINAL
Document no. : 4097 Book : 01/SCT
Ward 1, March 15, 2013
PEOPLE'S COMMITTEE OF
(Signed & Sealed)
CHAIRMAN
.....

Compulsory social insurance payment time in 2011 is year months

Date.....

Director

(Signed & Sealed)

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GENERAL REGULATIONS

- 1- Social Insurance books are used for managing employment and social insurance payment history of employees as the basis of social insurance receiving in accordance with the laws.
- 2- All the changes in employees' career, workplace, and salary grade must be recorded in social insurance book.
- 3- Social insurance book must be recorded completely, clearly, non-erasurement and kept carefully. All losses must be reported to Social Insurance Company to be re-issued.

SOCIALIST REPUBLIC OF VIETNAM

Independence – Freedom – Happiness

SOCIAL INSURANCE BOOK

No.:

Full name: Gender:

Date of birth:

Place of birth:

Ethnic group: Nationality: Vietnamese

Permanent place of residence:

Place of work (place of book issue):

ID number: Place of issue:

Date

Receiver

(Signed)

.....

Social Insurance Director

(Signed and sealed)

Captain

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ST 353

1929

SOCIALIST REPUBLIC OF VIETNAM
Independence - Freedom - Happiness

Form no. 01/SBH

DECLARATION FOR SOCIAL INSURANCE BOOK ISSUE

1. Full name : Male (1) female (2) : 1
2. Date of Birth :
3. Place of Birth :
4. Social Insurance book no. (provided by Social Insurance Agency)
5. Ethnic group : Nationality : Vietnam
6. Rank, Position, career: Labor contract, Economic Bachelor
7. Workplace :
8. Permanent address of residence (Permanent household):
9. ID Card no. : Place of Issue :
10. Date of Issue :

I. EMPLOYMENT HISTORY PAID SOCIAL INSURANCE

From Month Year	To Month Year	Rank, Position, Job title, Job workplace, location	Social insurance payment period		Monthly salary grade as basis for social insurance payment	
			Year	Month	Basic salary	Allowance (If any)
1	2	3	4	5	6	7

II. ENJOYED SOCIAL INSURANCE REGIMES

....., theday of....., 2005
Declarant

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(Sign, write down full name)

FOR CONSIDERATION AND APPROVAL BY UNIT LEADER

UNIT LEADER

(Sign, write down full name, position and seal)

(Signed & Sealed)

CAPTAIN

FOR CONSIDERATION AND APPROVAL BY MILITARY SOCIAL INSURANCE

MILITARY SOCIAL INSURANCE DIRECTOR

(Sign, write down full name, position and seal)

MILITARY SOCIAL INSURANCE MANAGER

(Signed, Sealed)