TFG

SALARY VERIFICATION FORM

Salary verification for applicants who earn a monthly or weekly salary from an employer.

EMPLOYER CONFIRMATION

This confirms that _____ ,
Employee Full Name

has been employed by/with _____
Employer / Company Name

since _____
Date of Employment

The employees current position is _____ .
Job Title

His/Her gross salary for the last 3 consecutive months has been:

mm - yyyy	R
mm - yyyy	R
mm - yyyy	R

_____
Employer Contact Person

_____
Employer Contact Person Number

_____
Signature

_____
Date

_____
Company Stamp

EMPLOYEE (APPLICANT) CONFIRMATION

I, _____ ,
Employee Full Name

ID _____ , confirm I am employed as above.

_____
Employee Signature

_____
Date