

SWORN STATEMENT REGARDING EMPLOYMENT AND REMUNERATION

(Issued by the main employer in accordance with the French "Code de la Sécurité Sociale")

I, the undersigned,

Last name:

First name:

Function:

Acting in my capacity as the legal representative, duly authorized for this purpose, of the following legal entity:

Legal name of the company:

Nature and legal structure:

Head office address:

SIRET number (if applicable):

DECLARE AND CERTIFY ON MY HONOR, in accordance with the applicable laws and regulations, in particular those of the French "*Code de la Sécurité Sociale*", the following:

1. EMPLOYEE'S PROFESSIONAL SITUATION

Mrs. / Mr.:

Social Security number (if applicable):

Position:

has been employed by the aforementioned company under a current employment contract since:
.....

2. ANNUAL DURATION OF EMPLOYMENT

The annual duration of employment is:

More than 900 hours or 300 hours of teaching

..... hours per year

3. REMUNERATION AND SUBJECTION TO SOCIAL SECURITY CONTRIBUTIONS

I certify that, for this position, the person concerned receives a gross annual salary of:

.....euros (€)

Such remuneration is fully subject to mandatory social security contributions, paid under the following scheme:

- Permanent civil servant contributing to the civil service pension scheme (*« Fonctionnaire titulaire – cotisant à la pension civile »*)
- General Social Security Scheme (*« Régime général de la Sécurité sociale »*)
- Special scheme (*« Régime spécial »*) (to be specified):
- Supplementary pension scheme (*« Régime de retraite complémentaire »*):

4. ASSESSMENT OF THE ANNUAL SOCIAL SECURITY CEILING

I certify that the aforementioned gross annual salary:

- Exceeds
- Does not exceed

the annual Social Security ceiling, set at €48,060 as of January 1, 2026, in accordance with applicable laws.

5. COVERAGE OF EMPLOYER'S CONTRIBUTIONS – EXCLUSION OF PRO RATA CALCULATION

I hereby expressly declare that I am fully responsible for paying the employer's contributions pertaining to this salary.

Consequently, I expressly waive my right to request application of the pro rata rule stipulated in Articles L.242-3 and R.242-3 of the French *“Code de la Sécurité Sociale”*, and acknowledge that this remuneration must be fully included in the calculation of social security contributions due.

6. COMMITMENT AND PURPOSE OF THE CERTIFICATE

This certificate is issued with full knowledge of the facts and is intended for submission to any administrative authority, social security institution, or competent court.

I acknowledge that I have been informed that any inaccurate, incomplete, or false statement may result in me being subject to civil, administrative, and criminal liability, in accordance with applicable legal regulations.

Signed in:

On:

Company stamp

Employer's signature