

REC	SERIAL NO.	LOY			NO. OF ROE AMENDE	D OR REPLACED	2 EMPLOYE	R'S PAYROLL REF	ERENCE NO		
<u> </u>	SERVICE AMENDE				D OK KEP LACED	OR REPLACED 3 EMPLOYER'S PAYROLL REFERENCE NO.					
4	EMPLOYER'S NAME AND ADDRESS						5 CRA PAY	5 CRA PAYROLL ACCOUNT NUMBER			
			_			_			l .		
							6 PAY PERI				
						7 000741 0005		Si-weekly			
						7 POSTAL CODE	8 SOCIAL II	NSURANCE NO.			
9	EMPLOYEE'S NAME A	ND AD	DRESS				10 FIRST DA	Y WORKED	D	М Ү	
								. = = =			
							111 LAST DAY	Y FOR WHICH PAID			
							12 FINAL PA	Y PERIOD ENDING	DATE	-	
13	OCCUPATION					14 EXPECTED DATE OF RECALL					
							UNKN	OWN NOT	RETURNING		
15A	TOTAL INSURABLE H		PACE 2			16 REASON FOR	ISSUING THIS ROE		. 1	1	
	ACCORDING TO CHA	K I UN	FAGE 2			Maternity				F	
I5B		ARNIN	GS Γ			FOR FURTHER INFO	RMATION, CONTACT				
	ACCORDING TO CHART ON PAGE 2					Centre HR_Contact					
5C	THE FIRST ENTRY MI	ICT DE	CODD THE INCHES	\D E E A	DNINGS FOR THE	TELEPHONE NO. 17 ONLY COMPL	 ETE IF PAYMENT OR BI	NEFITS (OTHER T	HAN REGULAR PAY) PAI	D IN OR	
50	THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY PERIOD AS PER THE CHART ON PAGE 2.					IN ANTICIPAT	ION OF THE FINAL PAY				
	PERIOD AS PER THE	CHAIN	TON FAGE 2.			A - VACATION PAY					
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS				\$	·	
1		2	LARRINGS	3	27.11.11.11.00	START DATE (D/M/Y)):	END D.	ATE (D/M/Y):		
4	_	5	_	6	_	B - STATUTORY HOLI	DAY PAY FOR	D	M Y		
7	_	8	-	9	_		\$		\$		
10		11	-	12	_	-	\$		\$		
13		14		15		4	\$		\$		
							\$ \$		\$ \$		
16		17		18		C - OTHER MONIES (Ψ		
19		20		21					\$		
22		23		24		┨					
25		26		27		START DATE (D/M/	Y):	END D.	ATE (D/M/Y):		
28		29		30		_			\$		
31		32		33		START DATE (D/M/	Y):	END D	ATE (D/M/Y):		
34		35		36					\$		
37		38		39		START DATE (D/M/	Y):	END D	ATE (D/M/Y):		
40		41		42					ARE/FAMILY CAREGIVER	LEAVE	
43		44		45			AGE LOSS INDEMNITY START DATE		AMOUNT	PER PER	
46		47		48		DOL	D M Y	D M Y	1.	DAY WEEK	
49		50		51		PSL WLI - Not ins.			\$		
52		53				WLI - Ins.			\$		
18	COMMENTS		-			MAT/PAR/CC/FC			\$		
Baı	nk will top	up '	to 100% of	ben	efits in	20 COMMUNICAT			TELEPHONE NO.		
	cordance wit					X Englis					
						THAT ALL STA	ATEMENTS ON THIS FO	: 10 MAKE FALSE E RM ARE TRUE.	NTRIES AND HEREBY C	EKIIFY	
						Name of Issuer			_		
									02	M Y 10 2018	
									U4	TO ZOTO	

Page 2 contains important information.