



# Statement for extension emergency regulation SZW

*For employers*

This form is intended for you if you are an employer and already use the emergency regulation of SZW and you want to appeal for the extension of this arrangement from June 13<sup>th</sup> to October 12<sup>th</sup> 2020 at the latest.

Below you can either declare that your situation has not changed compared to your original application (section 2), or you can indicate how your situation has changed compared to your original application (section 3). We ask you to make a reasonable estimate of the deployment of your staff from June 13<sup>th</sup> to October 12<sup>th</sup> 2020.

You must send this form as an attachment of an email to [noodregelingSZW@rijksdienstcn.com](mailto:noodregelingSZW@rijksdienstcn.com). The payment of the emergency regulation stops until we have received and processed this fully completed and signed form. To ensure a smooth flow of payment, it is important that you submit this form as soon as possible.

1. Your data	
Your name	
Company name	
Crib-number of your company	
Phone number on which we can reach you during the day	

## 2. No changes

**I declare that the situation as indicated in the original application has not changed. I understand that providing incorrect information or the improper use of this emergency regulation has criminal consequences and can lead to recovery.**

Date	
Signature*	

## 3. Changes

*Indicate what has changed compared to the original application:*

1. Employee (name):

Goes from \_\_\_\_% of labour hours, to \_\_\_\_% of labour hours

other change, namely:

2. Employee (name):

Goes from \_\_\_\_% of labour hours, to \_\_\_\_% of labour hours

other change, namely:

3. Employee (name):

Goes from \_\_\_\_% of labour hours, to \_\_\_\_% of labour hours

other change, namely:

4. Employee (name):

Goes from \_\_\_\_% of labour hours, to \_\_\_\_% of labour hours

other change, namely:

*Copy this page if you have more employees, or if you need more space for your explanation.*

**I declare that all questions are answered truthfully. I understand that providing incorrect information or the improper use of this emergency regulation has legal consequences and can lead to recovery.**

Date	
Signature*	

*\* If you complete and sign this declaration but are not the applicant of the original application, you must include a copy of your valid ID.*