



LOSS OF WAGES CERTIFICATION – FOR COMPLETION BY SELF EMPLOYED CLAIMANT

Web Reference

Claimant Name

Name of Company

Address

Nature Of Employment
Eg. Farmer, Solde Trader, Partnership

Amount of average nett weekly income €

Reason for loss of income

I declare that I am unfit for work following injury as a result of participating in Gaelic Football, Hurling, Handball or Rounders and unable to earn my average nett weekly income.

I attach

- (i) **Confirmation from my accountant of my average nett weekly earnings for the 3 months prior to my date of injury (include Chartered Accountants Registration No)**
- (ii) **Details of my claim with the Department of Employment Affairs and Social Protection (residents of Republic of Ireland Only)**
- (iii) **Details of my claim with the Department of Communities (residents of Northern Ireland Only)**
- (iv) **Details (if applicable) of any benefit received from my Income Protection Policy**

Signed

Date