

Form B
SELF-EMPLOYED INCOME STATEMENT

Name of Applicant: RHU ID #:

Name of Self-Employed family Member:

Relation to Applicant:

Type of Business: [] Sole Ownership
[] Partnership: No. of Partners: Percent share:
[] Other (specify):
[] Freelance

Name of Institution (if applicable):

Registration No. Date of Registration:

Company / Owner's Nature of Work (Detailed):
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.....
.....
.....

Address:.....
.....

Email:..... Telephone:

Number of Employees/Workers:

Annual Gross Income (L.L):

Annual Net Income (L.L) (Gross Income Less Institution's Expenses):

Signature & Seal: Date: