Employee Details       Commencement Date for Additional Superannuation Contribution         First Name       Date of Cessation         Address       Date of Cessation         PS Number       Payroll/Works Number         PS Number       PS Number         Date of Cessation       PS Number         Prist Name       PS Number         Date of Cessation       PS Number         Date of Cessation       PS Number         Date of Cessation       PS Number         PS Number       Include on RSC45 previously issued         E	ASC45 supplementary Particulars of payments and ASC deductions made in respect of pensionable remuneration paid to a former employee since date of leaving which were not included on the original ASC45 Additional Superannuation Contribution – Certificate (This is not an end-year Balancing Statement)											
Surname of Employee       Commencement Date for         Additional Superannuation Contribution       □         Priret Name       □         Address       □         Address       □         PS Number       □         PS Number       □         PS Number       □         PS Number       □         Prost Additional Superannuation Contribution Details         Betow are the details of the Additional Superannuation Contribution made since 1 January which were not included on Form ASC45 previously issued         €	Employee Details											
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Year 2 Y Y Y   Employer Details   I certify that the particulars entered above are correct.   Employer Employer Registered Number   Address Phone Number   Signature/Stamp of Paymaster Email   Date	Where all or part of the Supplementary ASC refer	red to herein	relates to pre	evious yea	ar(s), plea	ase giv	ve a bre	akdowr	n by yea	r		
Employer Details   I certify that the particulars entered above are correct.   Employer   Employer   Address   Phone Number   Signature/Stamp of Paymaster   Email   Date	Year 1 Y Y Y Y €					•			(ind	lude ce	ent)	
I certify that the particulars entered above are correct.	Year 2 Y Y Y Y €					•			(ind	lude ce	ent)	
	I certify that the particulars entered above Employer	ve are co	Employ Phone Email Date	Numb	per	red	Num	ber				

**Employer:** This certificate is to be given to the employee.

**Employee:** This is a certificate of the Additional Superannuation Contribution in respect of additional gross pensionable income paid since date of cessation of this employment. Please retain carefully, and provide to any subsequent public service employer in the same year.

PLEASE PRINT THIS CERTIFICATE OR COMPLETE IN BLOCK CAPITALS