

Declaration of Indemnity:

(name and address of training entity)

I / We train Mrs. / Mr. _____ (trainee lawyer)

in _____ from _____ till _____.
(name of section)

I / We have taken notice of the attached bulletin regarding the social insurance issues related to additional remuneration paid by the training entities.

With regard to the illustrated background I / we (*in case of law firms*: on behalf of all partners of the law firm / *in case of companies*: on behalf of the responsible unit of the training entity mentioned above) hereby declare:

Should I / we pay additional remuneration or any fringe benefits to the trainee lawyer, I / we will pay the social insurance contribution as far as this remuneration or fringe benefits are subject to social insurance. In addition, in case of additional remuneration or fringe benefits being paid, I / we indemnify the State of North Rhine-Westphalia from any claims brought forward by the social insurance agency with regard to contributions for this additional remuneration or for these fringe benefits.

(date and place)

(law firm's or company's stamp and signature of the training supervisor)