

# AFFIDAVIT

**[REDACTED]**, trans, translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.
2. I have translated the annexed document and carefully compared the translation from Chinese into English with regard to the following document:

Beijing Social Insurance Personal Rights and Interests Record

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

**SWORN** before me at the City of Toronto  
In the Regional Municipality of Metropolitan  
Toronto

This 11<sup>th</sup> day of Sep, 2025

A Notary Public in and for the Province of Ontario

Editor and/or and Public

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Beijing Social Insurance Personal Rights and Interests Record  
(Payment Information of Insured Persons)

Seal: Beijing [redacted] Management Center      Seal: Beijing [redacted] Affairs Management Center  
Special seal for business      Special seal for personal rights and interests

Name of the insured: [redacted]  
Social security number: [redacted]  
Name of employer: [redacted] (Beijing) People Effectiveness Human Resources Services Co., Ltd.  
Check code: [redacted]  
Query serial number: [redacted]  
Query date: April 2024 to September 2025

I. Employer change records of old-age insurance:

Payment start date	Payment end date	Actual payment months	Name of employer	Payment district/county
2024-04	2025-07	16	[redacted] (Beijing) People Effectiveness Human Resources Services Co., Ltd.	Beijing [redacted] District Social Insurance Fund Management Center

II. Five insurance payment details:

Payment start & end date	Actual payment (old-age insurance)			Actual payment (unemployment insurance)			Actual payment (employment injury insurance)		Actual payment (medical insurance)			Actual payment (maternity insurance)	
	Months	Annual contribution base	Individual contribution	Months	Annual contribution base	Individual contribution	Months	Annual contribution base	Months	Annual contribution base	Individual contribution	Months	Annual contribution base
2024-04 to 2024-12	9	9904	92.32	9	904	99.55	9	9904	9	9904	25.08	9	904
2025-01 to 2025-07	7	747	19.76	7	747	8.77	7	747	7	747	3.94	7	747
Total	16	-----	112.08	16	-----	108.32	16	-----	16	-----	29.02	16	-----

III. Supplementary information

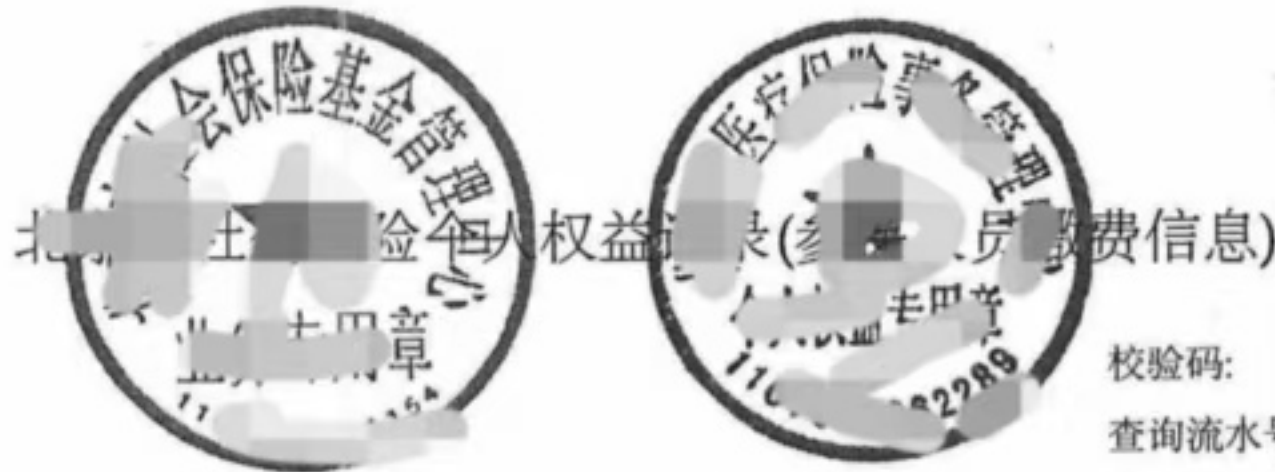
The insured individual has a total of 18 years and 11 months of actual cumulative contributions to the pension insurance program in this city (including 0 years and 0 months of lump-sum contributions). The cumulative contribution period for medical insurance is 18 years and 10 months (including 0 years and 0 months of lump-sum contributions). As of the end of 2024, the balance (principal and interest) in the individual pension account of the insured in this city is RMB [redacted].95.

Note:

- 1. To verify the authenticity of this statement, please, within 30 days, log in to [redacted] cn/bjdkhy/ggfw/, access "Social Insurance Benefits Statement Verification," and enter the verification code and inquiry serial number for identification. Black and red seals hold the same legal effect.
- 2. To ensure information security, please properly keep your personal rights and interests records.
- 3. In the above "Contribution Start and End Year/Month" column, the items marked with "\*" indicate that there is supplementary contribution information within the corresponding year.
- 4. Data relating to pension, work injury, and unemployment insurance are provided by the social insurance agency, while data relating to medical and maternity insurance are provided by the medical insurance agency.

Barrister Solicitor and Notary Public  
[redacted]  
[redacted]





参保人姓名: [redacted]  
社会保障号码: [redacted]  
单位名称: 北京[redacted]源服务有限公司

校验码: [redacted]  
查询流水号: 110[redacted]50[redacted]  
查询日期: 2024年04月至2025年09月

一、养老保险单位变动记录:

缴费起始年月	缴费截止年月	实际缴费月数	单位名称	缴费区县
2024-04	2025-07	16	北京[redacted]人力资源服务有限公司	北京市[redacted]社会保险基金管理中心

二、五险缴费明细:

缴费起止年月	养老实际缴费			失业实际缴费			工伤实际缴费		医疗实际缴费			生育实际缴费	
	月数	年缴费基数	个人缴费	月数	年缴费基数	个人缴费	月数	年缴费基数	月数	年缴费基数	个人缴费	月数	年缴费基数
2024-04至2024-12	9	904	792.32	9	904	39.55	9	904	9	904	25.08	9	904
2025-01至2025-07	7	747	19.76	7	747	38.77	7	747	7	747	5.94	7	747
合计	16	-----	812.08	16	-----	8.32	16	-----	16	-----	31.02	16	-----

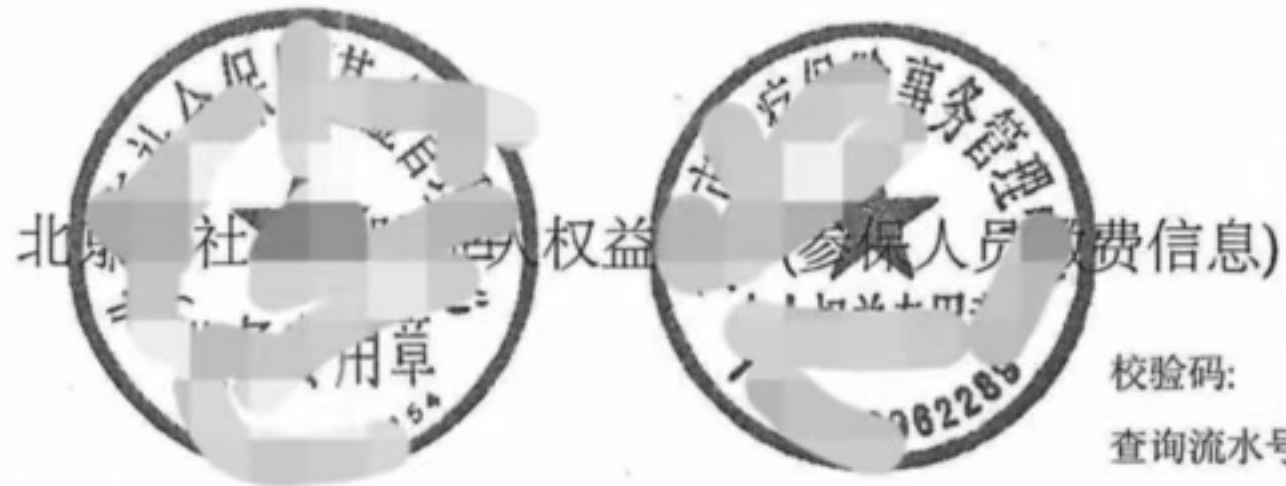
三、补充资料

参保人在我市养老保险累计实际缴费年限 18 年 11 个月 (其中趸缴年限 00 年 00 个月), 医疗保险累计实际缴费年限 18 年 10 个月 (其中趸缴年限 00 年 00 个月)。截至 2024 年末, 参保人在我市养老保险个人账户本息合计金额: 6.95 元。

备注:

- 如需鉴定真伪, 请30日内通过登录 <http://rsj.beijing.gov.cn/lv/ggf>, 进入“社保权益单校验”, 录入校验码和查询流水号进行甄别, 黑色与红色印章效力相同。
- 为保证信息安全, 请妥善保管个人权益记录。
- 上述“缴费起止年月”栏目中带“\*”标识为该年内含有补缴信息。
- 养老、工伤、失业保险相关数据来源于社保经办机构, 医疗、生育保险相关数据来源于医保经办机构。

I certify that this is a true copy  
of the original document  
Date: 11<sup>th</sup> day of [redacted] 2024



参保人姓名: [REDACTED]  
社会保障号码: 0219 [REDACTED]  
单位名称: 北 [REDACTED] 效人力资源服务有限公司

校验码: [REDACTED]  
查询流水号: 11001 [REDACTED]  
查询日期: 2024年04月至2025年09月

北京市 [REDACTED] 社会保险基金管理中心  
日期: 2025年09月08日

I certify that this is a true copy  
of the original document  
Date: 11<sup>th</sup> day of Sep [REDACTED]