

Casual Worker/ Labourer Registration (Reg 5)

PARTICU	LARS OF TH	E WORKER							
FULL NAM	1ES:								
SURNAME	<u>:</u>								
ID/PASSP	ORT/WORKP								
HOME AD	DRESS:								
EMPLOYM	MENT STATUS	Permanent	Tem	nor	arv	Car	sual		
LIVII LOTIV	ILIVI OTATO	Tomanent	TOIT	ipoi	Jany				
DAYS OF	THE WEEK T	HE WORKER	WILL WOR	K AT THE ST	AND BEI	LOV	V (Tick r	elev	ant block)
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		Sunday		Ad hoc
	1	1	•	-	•				•
PARTICUL	ARS OF OW	NER / RESIDE	ENT						
Property n	umber:								
Name and	Surname:								
Telephone	/Cell number:								
I have attached a copy of their ID/Passport/Work Permit of employee(s). (Tick the relevant block.)							Yes		No
Undertakin		1							
I will inform worker.	the relevant H	vementioned a lomeowner As	sociation imi	•			•		
operating Properties	rocedures (SC sponsibility for	sted above wil DP). r such worker v is required by t	while under r	my supervisio	n and her	eby	give per	miss	sion for them
					ocedures	(50	•		
oignature ei	mployer:				Date:				
Signature w	orker:				Date:				