

REGISTRATION OF DOMESTIC STAFF OR GARDENER

WATERKLOOF BOULEVARD HOME OWNERS ASSOCIATION

The Hills T	uscany	Terraces	Pavilions	
STAND AND HOUSE NO:				
OWNER NAME:				
STREET ADDRESS:				
TEL (H):	TEL (W):		CELL:	
E-MAIL:				
DOMESTIC WORKER INFORMATION: LIVING IN PART TIME				
Name:			Photo	
Tel No:	_ ID Number:			
Days Per Week: (Mark 'x' Wh	ere Applicable)			
Monday Tuesday	Wednesday	Thursday		
Friday Saturday	Sunday			
GARDENER INFORMATION: LIVING IN PART TIME				
Name:			Photo	
Tel No:	_ ID Number:			
Days Per Week: (Mark 'x' Wh	ere Applicable)			
Monday Tuesday	Wednesday	Thursday		
Friday Saturday	Sunday			
I, are in my employment. I will ir employment contract is cance		vners Association a	that the workers lis as and when such a	ated above In
Signed at	on this	day of	:	20
NAME		SIGNATURE		
Please complete the form for each the Security Gate. The (Amount must be pre-paid into Pretor Estates, Cheque, FNB, Cl	ID will be prepared and Pretor's account and p	l laminated by Pretor at proof of payment must l	t a cost of R 68.40 per I be supplied with the ap	D. plication).

PLEASE ATTACH A COPY OF RSA ID DOCUMENT OF EACH WORKER