

CONTRACTORS REGISTRATION FOR BIOMETRICS

OWNER'S DETAILS			
NAME		SURNAME	
STAND NUMBER		PHONE NUMBER	
EMAIL			
SIGNATURE		DATE	

MAIN CONTRACTOR'S DETAILS			
COMPANY NAME			
NAME		SURNAME	
ID NUMBER			
PHONE NUMBER			
EMAIL			
START DATE		ESTIMATED END DATE	

SUB-CONTRACTOR/ EMPLOYEE DETAILS		
NAME	SURNAME	ID NUMBER
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

(Please use back of page for the next person)

I have received a copy of the most recent contractors' rules and undertake to strictly adhere to these.

Contractor's Name

Signature

Date