SF-0027

CONFIRMATION OF EMPLOYEES

COMPANY NAME: **DATE:**

ADDRESS:

No.	Employee Name	ID Number	Designation	Employee Status (Contract/Permanent)
1			Owner	Permanent
2				
3				
4				
5				
6				
7				
8				
9				
10				

CERTIFIED BY OWNER: _____
(FULL NAME)

SIGNATURE: _____

DATE : _____

Seda REPRESENTATIVE: **Mbulelo Sokanyile**
(BA seda)

SIGNATURE: _____

DATE: _____