

NATIONAL EMPLOYMENT COUNCIL FOR THE MEDICAL & ALLIED INDUSTRY

REGISTRATION OF EMPLOYERS

1. Name under which business is known (i.e. Partnership or trading name).....

2. Physical Address at which business is carried on:.....

Email Address..... Nature of Business.....

3. Employer's – Full Names: Tel: CELL

Address:.....

4. Manager's Full Names:..... Cell

Residential Address:

Description of trade or operation of employer:.....

Date business commenced or date of change of particulars:.....

5. Number of Non-Managerial Employees.....

Please fill in details of your non-managerial employees in the table below for record purposes:

	NAME	Job Title	1% Employee Contribution	1% Employer Contribution	TOTAL
1.					
2.					
3.					
4.					
5.					
	TOTAL				

6. The attention of employers is drawn especially to the following requirements:

- i. In the event of a change in any of the particulars required to be furnished, the employer shall, within ten days of the date of such change, give notice thereof in writing to the Secretary.
- ii. An employer shall inform the Secretary in writing thirty days before ceasing to be an employer in the industry.

7. I certify that the information given above is correct to the best of my knowledge and belief.

.....
 Signature of Employer

.....
 Date

NOTE: if there is insufficient space on this form, please continue on a separate sheet.

This form should be completed in duplicate, both copies being forwarded to the Council's Offices; one copy will be returned as proof of receipt.