



## Re-registration of Domestic/Garden and other workers: 2019

To be completed by the Resident /Reg fee. R50.00per person per stand. **To be submitted before 31/1/2019**

Resident of Stand no: \_\_\_\_\_

request the re-registration of the following workers with the Irene Farm Villages Estate

### DOMESTIC

Name & Surname: \_\_\_\_\_

Phone No \_\_\_\_\_

ID No: \_\_\_\_\_

Nationality: \_\_\_\_\_

Days working: 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tue	Wed	Thu	Fri	Sat	Sun	

Live-in (Y/N):

### DOMESTIC

Name & Surname: \_\_\_\_\_

Phone No \_\_\_\_\_

ID No: \_\_\_\_\_

Nationality: \_\_\_\_\_

Days working: 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tue	Wed	Thu	Fri	Sat	Sun	

Live-in (Y/N):

### GARDENER

Name & Surname: \_\_\_\_\_

Phone No \_\_\_\_\_

ID No: \_\_\_\_\_

Nationality: \_\_\_\_\_

Days working: 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tue	Wed	Thu	Fri	Sat	Sun	

Live-in (Y/N):

### GARDENER

Name & Surname: \_\_\_\_\_

Phone No \_\_\_\_\_

ID No: \_\_\_\_\_

Nationality: \_\_\_\_\_

Days working: 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tue	Wed	Thu	Fri	Sat	Sun	

Live-in (Y/N):

### OTHER (Aupair/Driver etc)

Name & Surname: \_\_\_\_\_

Phone No \_\_\_\_\_

ID No: \_\_\_\_\_

Nationality: \_\_\_\_\_

Days working: 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tue	Wed	Thu	Fri	Sat	Sun	

Live-in (Y/N):

### OTHER (Aupair/Driver etc)

Name & Surname: \_\_\_\_\_

Phone No \_\_\_\_\_

ID No: \_\_\_\_\_

Nationality: \_\_\_\_\_

Days working: 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tue	Wed	Thu	Fri	Sat	Sun	

Live-in (Y/N):

### DATED

Cash  Rec No \_\_\_\_\_ Levy

Card collected: \_\_\_\_\_

Card collected: \_\_\_\_\_

Signature of Resident \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_