



PLEASE COMPLETE EACH SECTION IN BLOCK CAPITALS WITH BLUE OR BLACK INK. IF ANY SECTION IS NOT APPLICABLE PLEASE ENTER 'NOT APPLICABLE'.
A FORM CONTAINING UNCOMPLETED SECTIONS WILL NOT BE ACCEPTED.

NOTICE OF VARIATION OF TERMS OF ENGAGEMENT

1. Name of business, trade and profession _____
2. Registration number of business, trade or profession _____
(Under Business, Trades & Professions (Registrations) Act 1989)
3. Address of the principal place of business or, in the case of a company, the registered office _____

4. Name of the worker _____
5. Address of the worker _____

6. Social Insurance number of the worker, and Work Permit number (if appropriate) _____
7. Address/Location at which the worker is engaged _____

8. Date of Notice of Terms of Engagement of the worker _____
9. Details of variation (specify variation(s) indicating which term has been varied by referring to the number of that term in the Notice of Terms of Engagement submitted in respect of that worker). Note: Proof will be required for variations to Employee Details, _____

10. Date of Variation _____

EMPLOYER

Signature: _____ Name: _____

Position in the business, trade or profession: _____ Date: _____

EMPLOYEE

NOTICE OF ACCEPTANCE OF ABOVE VARIATION OF TERMS OF ENGAGEMENT

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Profile No. _____

ACCEPTED BY	DATE	INPUT BY	DATE	C/CHECKED BY	DATE