



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.
THE FORM MUST BE COMPLETED IN TRIPLICATE AND ALL THREE COPIES MUST BE RETURNED TO THE DEPARTMENT OF EMPLOYMENT.

NOTICE OF VARIATION OF TERMS OF ENGAGEMENT

- 1. Name of business, trade and profession
2. Registration number of business, trade or profession
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, e.g. for change of name a copy of the marriage certificate or decree nisi is required
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.

Table with 6 columns: ACCEPTED BY, DATE, INPUT BY, DATE, C/CHECKED BY, DATE