



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.

## TERMINATION OF EMPLOYMENT

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. Identity Card number of the worker \_\_\_\_\_
7. Address/Location at which the worker is engaged \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Date of Notice of Terms of Engagement of the worker \_\_\_\_\_
9. Date on which engagement terminated \_\_\_\_\_
10. Date on which notice of termination given by business, trade or profession \_\_\_\_\_
11. Date on which notice of termination given by worker \_\_\_\_\_
12. Reason for termination \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Details of any payments made at the date of termination *(including any payments in lieu of notice, and compensatory payments and any payments in respect of holiday pay, sick pay or redundancy pay)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYER

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Position in the business, trade or profession: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYEE

#### NOTICE OF ACCEPTANCE OF ABOVE TERMINATION OF EMPLOYMENT

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

#### FOR OFFICE USE ONLY

Profile No.: \_\_\_\_\_

ACCEPTED BY	DATE	INPUT BY	DATE	C/CHECKED BY	DATE