

| Employer Application Form   |
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| Employer Name   |
| Employer Address PLEASE USE BLOCK CAPITALS  |
| Employer's Income Tax District Number   |
| Employer's Income Tax Reference Number  |
| Describe Business   |
| When is the effective date of the company's last return to the Companies Registration Office? |
| Is the employer a member of the CIF? Yes No   |
| If yes, what is the principle Association that it is connected with?                          |
| Name in block capitals  |
| Position in company   |
| Signature Date  |