

DECLARATION BY EMPLOYER / COMPANY MANAGEMENT / SERVICE PROVIDER

I declare that the attached information concerning the employee / client at my business is accurate and that I am duly authorised to sign this document on behalf of the business. I undertake to repossess the access card if the cardholder indicates that he/she will be leaving my employment, or will no longer be making use of my service(s).

NAME IN FULL: _____

ID NUMBER: _____

DESIGNATION: _____

SIGNATURE: _____

DATE: _____