

COMPLIANCE SERVICE / HR

CLIENT/EMPLOYER DETAILS:

Surname: _____ Name(s): _____

ID No: _____ Date: _____

Language: _____ Email: _____

Residential Address: _____

Contacts Landline: _____

Mobile: _____

Occupation: _____

Employer work Address: _____

BENEFICIARY/EMPLOYEE DETAILS:

Employee Name and Surname _____

Employee Salary: _____

Employee Position: _____

(Domestic Worker/ Home Based, Care Giver/Nanny/Burglar/Driver)

Employee ID/ PP Number _____

Nationality: _____

SERVICES SELECTION

(Please Tick[v])

UIF REGISTRATION

EMPLOYEE PAY SLIP

PROVIDENT FUND

EMPLOYMENT CONTRACT -
AND JOB SPEC

MEDICAL AID

WORK SCHEDULE AND CODE -
OF CONDUCT

* ADMINISTRATION/HANDLING FEE R595.00

A once off fee of R450 is payable into the below account, Use your name and surname as reference with an ID/PP copy and attach the employee's documents to fast track the application.

Account Name: Maid4u
Account Number: 027 148 556
Branch Name: Sandton City
Branch Code: 01 8105
Ref: Your Name and Surname

