



PHAKALANE

HOMEOWNERS ASSOCIATION

DOMESTIC STAFF/GARDENER

		Plot No	
		Duration of employment	
Employee No	Date of Registration	Start date	End Date

Name of Employee	
Omang/ID No	
Position Held	
Date Registered at estate	
Employee Contact No/s	
Days of the week employed at premises	7
Mon Tue Wed Thr Fri Sat Sun	
Does employee reside on the premises	Yes I No
Other Persons who reside with employee	ID No
Name:	
Name:	
Employee Home Address:	

Employees Next of Kin		
Relationship	Name	Cell

Employer Details	Plot No	
Name of Employer		
Employer Address		
Contact Person	Name	Cell No
1st Contact Person		
2nd Contact Person		
email address		

Homeowner's Signature: _____

