

ANNEXURE F

CERTIFICATE OF SERVICE

Name of Salon: \_\_\_\_\_

Address of Salon: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Surname of employee (in full) \_\_\_\_\_

Sex : M / F

Employed as: \_\_\_\_\_

Wages: R \_\_\_\_\_ per week/month

Date employment commenced: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date employment ended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Remarks : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Print name of Employer

\_\_\_\_\_  
Signature of Employer