

GOVERNMENT OF THE KINGDOM OF ESWATINI



MINISTRY OF LABOUR & SOCIAL SECURITY

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LABOUR COMPLIANCE CERTIFICATE APPLICATION FORM

Send your application to: labourcompliant@gmail.com

APPLICANT'S NAME:

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POSTAL ADDRESS:

TELEPHONE NO:

PHYSICAL ADDRESS:

.....

WE,

HEREBY MAKE AN APPLICATION FOR A LABOUR COMPLIANCE CERTIFICATE, AND WE HAVE ATTACHED THE FOLLOWING DOCUMENTS: (Tick where appropriate)

- (a) Current Trading Licence ()
- (b) Workmen's Compensation Insurance Policy () ; and
- (c) ENPF Compliance Certificate ()

NAME OF OFFICER SUBMITTING APPLICATION:

POSITION: CELL:

SIGNATURE: DATE:





