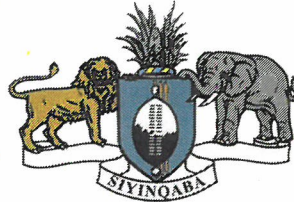


# GOVERNMENT OF THE KINGDOM OF ESWATINI



## MINISTRY OF LABOUR & SOCIAL SECURITY

P.O. Box 198, Mbabane H100 | Telephone: (+268) 2404 1971/ 2/ 3 | Facsimile: (+268) 2404 9889 | Email: min\_labour@gov.sz

### LABOUR COMPLIANCE CERTIFICATE APPLICATION FORM (2021)

APPLICANT'S NAME: .....

.....

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: .....