



THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

Registrasie van Werknemers/Registration of Employees

Vorm/Form: D.M.A. 16. Aanhangsel/Annexure "B"

The Registrar
South African Dental Technicians Council
P O Box 14617
HATFIELD
0028

1. Naam waaronder besigheid bedryf word:
Name under which business is carried out:

.....
2. Adres waar laboratorium geleë is:
Address at which laboratory is situated:

.....
3. Is U 'n tandarts of een tandtegnikus kontrakteur?
Are you a dentist or dental technician contractor?

.....
4. Indien 'n vennootskap is, meld die name van vennote:
If in partnership give names of partners:

NAAM/NAME	BEROEP (Tandarts ens) Occupation (Dentist etc.)
1.
2.
3.
4.
5.

5. In die geval van 'n maatskappy, meld die name van die direkteure en aandeelhouers.
In the case of a company give names of the directors and shareholders.

Naam/Name	BESKRYWING/DESCRIPTION (Direkteur ens./Director etc.)	(Standardt ens./Dentist etc.) Beroep/Occupations
1.
2.
3.
4.
5.



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6. Besonderhede van werknemers: (Alle persone wat in die laboratorium werksaam is)
Particulars of employees: (All persons employed in the laboratory)

Naam/Name	Geslag/Sex (M/F)	Beroepsbenaming/Designation (tandtegnikus ens./ Dental Technician etc.)
1
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3
.		
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14
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15
16

Skryf asseblief name in drukletters/Please write names in block letters Hierdie sertificeer ek dat bostaande besonderhede korrek is en dat geen ander persone by my in die laboratorium indiens is of 'n belang in die besigheid het nie.

I hereby certify that the above particulars are correct and that no other persons are employed by me in the laboratory or have an interest in the business.

GEDATEER TE hierdie
DATED AG.....this

dag van
day of 20.....

.....
Handtekening van werkewer of gemagtigde persoon.
Signature of Employer or person authorised by him.