

## NOTICE OF TERMINATION OF EMPLOYMENT OF CLERK OR MANAGER

**[TO BE COMPLETED BY BOOKMAKER FROM WHOM CLERK/MANAGER HAD TERMINATED EMPLOYMENT]**

Kindly complete and return this form to our office upon the termination of employment of registered clerk or manager

Tick the applicable box:	<input type="checkbox"/> Registered Clerk	<input type="checkbox"/> Registered Manager	<input type="checkbox"/> Temporarily Registered Clerk	<input type="checkbox"/> Temporarily Registered Manager
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certificate Number	
Employee's First Names in Full	
Surname	
Identity Number	
Name of Betting Room/s	
Date of Termination (Date/Month/Year)	
Reason for Termination (Resignation, Dismissal or Other)	

I hereby confirm that the above details are true and correct.

**Note:** In the event that the employment has been terminated for adverse reasons, kindly submit full details of the incident/allegations in the form of an affidavit.

\_\_\_\_\_  
SIGNATURE OF BOOKMAKER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF BOOKMAKER