



www.studentsunlimited.co.za

info@studentsunlimited.co.za

EMPLOYER INFORMATION SHEET

Date:		Cell No:		Order No:		Job #:	
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COMPANY DETAILS:

Title:	Name & Surname:	Department:

(W) Tel No : _____ Fax No: _____ Email: _____

Company Name: _____

Physical Address: _____

Postal Address: _____ Code: _____

Nature of Business: _____ No. of years trading: _____

Person Responsible for Accounts: _____ Co. VAT No: _____

How did you hear of "Students Unlimited"? _____

ASSIGNMENT DETAILS:

Nature of Job: _____

Specific Skills: _____

Student (s) report to: _____ from (date): _____ to _____

Job begins at (time): _____ and Ends at: _____ Ongoing: **YES / NO**

Job Address: _____

(Office use only)

Number & Type of Student (s) needed?		Rate paid To student (s)?
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CREDIT INFORMATION:

BANK			TRADE REFERENCES:	TEL NUMBERS
BRANCH		1.		
ACC. NO		2.		
Co. Registration No.:		C.C.	Private	Public
			Sole Proprietor:	Partnership

N.B. All Accounts are C.O.D.

I/We accept that I/We shall be responsible for all costs involved in the recovery of any overdue amount owed by myself/us/my client, and shall PAY INTEREST charged.

I/We agree that all the above information is correct.

I/We do hereby sign as surety and co-principal debtor for the due fulfillment of the Company's obligation to "Students Unlimited Recruitment".

NAME and SURNAME (please print clearly): _____

SIGNATURE: _____ DATE: _____