FORM: R1 C
2/90

MINISTRY OF LABOUR & SOCIAL SECURITY

EMPLOYER CHANGE FORM

(To be prepared for instructing changes to employer master record)
All dates must be written in the form dd/mm/yy

Current Details

Employer Ref. No.

Business Name

Business Address
(Street No.) (Street/District)

Post Office

Parish

Proprietor/Managing Director
(Surname) (First Name) (Init)

Date of Registration

D		M		Y	

CHANGE SECTION

Business Name

Business Address
(Street No.) (Street/District)

Post Office

Parish

Proprietor/Managing Director
(Surname) (First Name) (Init)

Prepared by : _____ Authorised by : _____

Date : ____/ ____/ ____ Date : ____/ ____/ ____