

Form 9

Employment Contract Amendment



Employee Name: _____

Date: _____ CEC No: _____

Reference is made to your Employment Contract.

We are pleased to inform you that the following terms and conditions of your employment contract have been changed with effect from _____

The details are as follows:

Designation: _____

Salary: _____

Accommodation/Allowance: _____

Transport: _____

Food: _____

All other terms and conditions mentioned in your employment contract remain the same.

Authorized Person Signature

Employee Signature