

# 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