EMPLOYEE CONSENT TO PARTICIPATE IN TEMPORARY EMPLOYEE/EMPLOYER RELIEF SCHEME (TERS) "ANNEXURE C"			
NAME	**SURNAME**	**I.D NUMBER**	**SIGNATURE**

DECLARATION:

I,_____ with the ID number_____
do hereby confirm that the aforementioned employees have given me authority to represent them in the TERS application process, which includes signing the TERS agreement and being the contact person for all TERS correspondence.

_____ _____

Employee Representative Signature Witness

Date: Date: