

## ER24 EVENTS UNIFORM ORDER FORM

GARMENT	Colour	SIZE	QTY	SIZE	VALUE	TOTAL
Unbranded Golf shirt	Red	S - 2XL			R35.50	
Combat pants	Blue	32 - 44			R328.75	
<b>ADDITIONAL</b>						
Unbranded jacket	Red	M - 4XL			R240.20	
Cap (Branded)	Red	One size fits all			R44.85	
<b>TOTAL (Note that all the prices above include VAT and MHR subsidy)</b>						

Panel member full name: \_\_\_\_\_ MHR number: \_\_\_\_\_

ER24 Branch name: \_\_\_\_\_

Payment option (*Please tick correct option*):

<b>One payment</b>	<input type="checkbox"/>	<b>Two payments</b>	<input type="checkbox"/>	<b>Three payments</b>	<input type="checkbox"/>
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Panel member signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **APPROVAL:**

ER24 Manager full name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for ordering your ER24 Events uniform. Garments are only available as described on the pricelist i.e. colour, sleeve length, fabric, etc.

### **IMPORTANT NOTE:**

1. If you require minor alterations, please consult a tailor or dressmaker. **Unfortunately, we do not do alterations.**
2. Please make sure that you order the correct item and size. **We do not refund or exchange garments.**
3. Any queries relating to your order should be directed to your uniform coordinator at ER24.

For office use only		
Action	Date	Signature
Loaded on Shared Folder		
Uniform Received		

## AUTHORITY FOR SALARY DEDUCTION

Name and Surname: \_\_\_\_\_

ID / Passport no.: \_\_\_\_\_ or MHR no.: \_\_\_\_\_

I hereby give MHR permission to deduct the sum of R\_\_\_\_\_ from my payment for:

*Please mark the applicable deduction with a ✓ and fill in the correct amount to be deducted*

TYPE OF DEDUCTION	TICK	AMOUNT
<b>MHR uniform</b> (Refer to the total indicated on the uniform order form)		R
<b>Training</b> (Total confirmed by the MHR facilitator)		R
<b>Name badge</b> (The first name badge is free of charge. MHR charges a fee to replace a lost name badge or for a new name badge for a rank, job title or surname change)		R
<b>TOTAL</b>		R

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature: Applicant/Panel member

\_\_\_\_\_  
Signature: MHR representative

<p><b>FOR OFFICE USE ONLY</b></p> <p>Date deduction instruction was forwarded to MHR Pay office: _____</p> <p>Deduction submitted by: _____</p> <p>Deduction processed by: _____</p>
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