**NOTE: Use this Form to enter the names of your NEW employees ONLY, i.e. those persons employed by**

**you since you completed your last Return By Employer.**

**FORM D**

**RETURN BY EMPLOYER**

**(Please type or write in Block Letters)**

**NAME OF EMPLOYER:** …………………………………………………………………………………………………………………………………………………………….

**Ministry/ Firm/ Company/ Trade Name**

 .…………………………………………………………………………………………………………………………………………………………………………………………………

**(Division/ Department/ Section/ Branch)**

**ADDRESS OF EMPLOYER:** ………………………………………………………………………………………………………………………………………………………

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|  **Name of person in full****arranged according to the****alphabetical order of the surname** | **Place of Abode** | **Sex** | **Business****or****Occupation** |  **Nature of****qualification****under****Section 4** **(1) (e)** | **Whether****qualified****as****Special****Juror** |
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