ALINE PARKVIEW G.P.-S.5976-1943 4-500-300. S. TRIPLICATE _____TRIPLIKAAT. inkomste Dear die Natural gedra te word. PROCLAIMED AREA OF To be carried by Native. GEPROKLAMEERDE STREEK VAN MATUREL SE KOPIE. NATIVE'S COPY. Werkgewer most elke maand teken. Original Service Contract .- Originele Dienskontrak. Employer must sign every month C. 2 Registered No..... Geregistreerdo No. Nime._____District._____Jerritory._____ Naam Distrik Gebian Date of Issue. Datum van Uitreiking. Naam waaronder bekend Mag vir Uitreiking Surname..... D402609 Familienaam her's Native Name fer se Naturellenaam pef..... Ter Identity No..... Aptein Belasting-aanwysingsnommer leadman of Kraal..... Icofman van Kraal 602035 Place of Residence..... Woonplek Where Tax is paid Tax Receipt No. and Year..... Waar belasting betaal word Belastingkwitansie No. en Jaar N.B.-The four columns below are for the use of the Registering Office only. N.B.-Die vier kolomme hieronder is net vir gebruik van die Registrerende Kautoor. For use of Employer on Discharge of Native. Vir gebruik van Werkgewer op Ontslag van Naturel. Date of Date of Engagement. Rate of Pay. Name and Address of Employer. Period of Service. Discharge. Signature of Employer. Naamtekening van Werkgewer. Skaal van Naam en Adres van Werkgewer. Tydperk van Diens, Datum van Betaling. Indiananeming. Ontslag.

To be signed by Employer upon Registration and thereafter on or before the 7th of each Month. Moet deur Werkgewer geteken word by Registrasie en daarna op of voor die 7de van elke maand.

I certify that the within-described Native was employed by me on the first day of the month shown. Ek verklaar dat die hierinbeskreve Naturel by my in diens was op die eerste dag van die maand aangedui.

Month. * Maand.	Signature. Handtekening.	Month. Maand.	Signature. Handtekening.
Mar.	Buing	7	
lip or c	Amog	8	
may	amoig.	9	
June.	amorg	10	
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PASSES, 1905-1983

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