

CT MED AND TRAUMA CARE CC T/A CAPE MEDICS
(referred to as Cape Medics)

TEMPORARY EMPLOYEE DECLARATION

I, _____ (I.D. No. _____), hereby confirm that I currently do not render services to any other employer and that employee's tax should be withheld in accordance with the appropriate tax tables.

I further confirm that should my situation change and I render services to another employer while in the employment of Cape Medics that I will immediately notify Cape Medics in writing. I accept that Cape Medics will then withhold employee's tax at a rate of 25% of my gross remuneration or at a rate prescribed by a valid tax directive.

I further accept personal responsibility and liability for any future failure to notify Cape Medics and the possible tax liabilities as a result and will not hold Cape Medics or its members liable for any losses or damages.

This declaration will remain in force until the employer is notified in writing to the contrary.

Signed

Date