

APPLICATION FOR CERTIFICATE OF GOOD STANDING

Type:	Business	Domestic Work	er 🔛
Fast Track:	Yes	No	
Business Name:			<u></u>
Employer's Name:			
Employer's Registration	Number:	Date Applied	:
		Email:	
Mailing Address: _			
Month For Which Last Contribution was Paid:			
Applicant Signature:			
Compliance Officer's Co	omments		
Payment Plan Issued? Yes No Contributions Outstanding? Yes No			
Contributions Periods (Outstanding		
Applicant In Goo	od Standing	Approved Complia	nnce Manager Deputy Director
Applicant Not In	Good Standing	Disapproved Complia	nnce Manager Deputy Director
Compliance Officer's S		Date:	
Comphance Officer 8 0			ઇ ઇ ઇ ઇ