FORM B

[Paragraph 6 (b)]

PARTICULARS OF WORKMEN

We			
	(name of en	nployer or trade	e union of employers)
address at			
	Postcode	Town / C	City
hereby declare that the information given in Appendix A are true and correct to the best of my knowledge and belief.			
		Signature	<i>:</i>
		Name	:(Block Letters)
		Designation	:
		Date	