



National Employment Council for Food and Allied

Return

Forward returns to: necfoodreturns@gmail.com

DETAILS OF REGISTERED OPERATOR

REG NUMBER	
NAME OF BUSINESS	
TRADE NAME	
SECTOR	
CONTACT DETAIL	
EMAIL ADDRESS	
LEVY PERIOD	

TOTAL WAGE BILL (REMUNERATION)	\$
LEVY PAYABLE	\$
NUMBER OF EMPLOYEES	

Name: _____

Designation: _____

Signature: _____

Date: _____