

MTFOMBENI INVESTMENTS (PTY) LTD  
P.O BOX 240  
MATATA, ESWATINI  
TELL: 23636066  
CELL: 268-76157671 /78026707  
TIN: 100 304 776

Specializes Textile, Protective Clothing, School Uniforms, Co-operate Wear, Office Furniture and Suppliers of all Cleaning Chemicals and Equipment.

**Physical Address**

Portion 13 of Farm Picardie 457, next to Lismore Lodge Big bend.

**SECOND SCHEDULE**

(1026)

**WRITTEN PARTICULARS OF EMPLOYMENT**

1. NAME OF EMPLOYER: Mtfombeni Investments
2. NAME OF EMPLOYEE: Thonyiso Shogewe
3. The employment of the employee by the employer is for a fixed term of 3 months, commencing on the 25 (day) of June (month) 2024 and ending on the 25 (day) of September (month) 2024.
4. The employee will be paid E 13.18..... per hour. For time worked in excess of the normal hours, will be paid as follows;  
Weekdays and Saturdays - worked hours x 1.5 x hourly rate  
Sundays - worked hours x 2 x hourly rate  
Worked holidays - double worked hours plus normal holiday pay.
5. Wages shall be paid on 30<sup>th</sup> of every Month
6. The employer agrees that the employee will be employed to work a maximum of 45 hours per week, from Monday to Thursday starting at 6:45 am to 5:00 pm, Friday starting at 6:45 am to 2:30 pm. On Saturdays starting time will be from 7:00 am to 3:30 pm. Lunch break will be 45 minutes, that's between 11:45 to 12:30 on each day.

Notwithstanding clause 6 above, the employer may require the employee to work for a longer period than the stipulated 45 hours per week and in that case the employer shall

pay to the employee overtime as provided in the Regulation of Wages (Textile and Apparel) Industry Order as amended.

7. Job Description..... *final QC*  
.....  
.....  
.....
- a. It is expressly agreed by the employee that should work as set out in the job description be unavailable, he/she will be prepared to perform any other suitable work which falls within his/her vocational abilities provided that shall be without loss of remuneration.
8. The probation period shall be ..... *3 months* .....
9. An employee shall be entitled to fifteen (15) working days annual leave with full pay after each period of twelve (12) months' continuous employment with an employer.
10. These Holidays shall be full-remunerated;  
-New Year's Day  
-Good Friday and Easter Monday  
-May Day  
-King Mswati 111' birthday  
-Umhlanga (Reed Dance)  
-Somhlolo Day,  
-Ascension Day,  
-Incwala  
-Christmas and Boxing Day,  
-National Secondary Parliament Elections Day.
11. After Probation, an employee shall be entitled to a sick leave given by a Medical Practitioner whereby s/he will be paid 14 days on full wage and on 14 days  $\frac{1}{2}$  wage which is twenty-one (21) days in each period of twelve months or a year.
12. Every female employee who has completed probation shall be entitled to maternity leave of up to twelve weeks (84 calendar days) with at least two (2 weeks) full pay upon delivery.
13. An employee is entitled to receive seven (7) days' notice from the employer
14. Likewise the employee is expected to serve 7 days' notice to the employer.

In the event that the employer/ employee failed to serve notice, notice pay policy shall take its course.

15. Currently the company do not have any pension scheme other than ENPF
16. **Overtime shall be calculated after you have accomplished 90 hours in that fortnight. For monthly staff; they have to attain ..... days in normal for them to have overtime.**

**NOTES-**

- (a) An Employee is free to join an industry union which is recognized by the undertaking. The address of the Industry Union is:

..... N/A .....

- (b) The grievance procedure in this undertaking requires that a grievance should be first referred to

.....  
.....

(c) SIGNATORIES

..... EMPLOYER

.....EMPLOYEE

.....WITNESS

.....DATE

(d) TERMINATION OF THE CONTRACT

- This contract shall be terminated or come to an end at the expiry date of the contract stipulated in clause above.
- The contract shall be terminated by either party in accordance with the law governing such.
- The contract shall be terminated and / or come to end when the employer has come to satisfaction that the employee fails to meet the requirements subjected during the period assessment for suitability.

**16.1 ACCEPTANCE AND UNDERTAKING BY THE EMPLOYEE**

The employee hereby confirms and acknowledge that this contract has been read and explained to him/her and that he/she understands the terms and conditions of the employment, the employee hereby agrees that he/she accepts such terms and conditions.

**16.2** The employee hereby undertakes to be fully bound by the rules and regulations of the employer which have been read and explained to him/her and he/she confirms to fully understand.

**17 PREVIOUS EMPLOY**

COMPANY NAME Great Spring.....JOB TITLE final QC.....  
SERVICE OF EMPLOYMENT.....  
REASON FOR LEAVING.....

**18 EDUCATIONAL BACKGROUND**

HIGHEST QUALIFICATION.....Secondary Certificate.....  
HIGHEST LEVEL OF EDUCATION.....Form 5.....

**19 MEDICAL HISTORY**

PRESENT HEALTH STATUS: POOR/ GOOD/ EXCELLENT/

List medication you are currently using that may have an effect on your ability to perform given tasks during working hours.

THUS DONE AND SIGNED AT BIG BEND ON THE 25 (day)  
June (month) 20 24.

**Signatories:**

.....  
**Employee**

.....  
**Employer**

.....  
**Witness**

.....  
**Witness**

## EMPLOYEE INFORMATION SHEET

NAME: Hlonpilo Shongwe  
ID NUMBER: 0001042100824  
GENDER: Female  
DATE OF BIRTH: 04/01/2000  
START DATE: 25/06/2024  
TAX NUMBER: .....  
HOME ADDRESS: Mthekeleni  
RESIDENTIAL ADDRESS: Goboyano

In case you change your residing place notify the company/office immediately.

CELL NUMBER: 766 76659499  
HOME TEL: 76340051  
MARRIAGE STATUS: ☒ Single/ ☐ Married/ ☐ Divorced/ ☐ Widowed/  
NAME OF SPOUSE: .....  
NO. OF DEPENDENTS: 1


### BANKING DETAILS

BANK DETAILS: .....  
ACCOUNT NO.....  
BRANCH NO.....  
BRANCH NAME.....  
TYPE OF ACCOUNT: .....

### EMERGENCY CONTACTS:

NAME: Constance Shongwe NAME: Hlonpilo Molega  
TELEPHONE: 76340051 TELEPHONE: 76262319  
RELATIONSHIP: Grandmother RELATIONSHIP: Mother

Kingdom of  
**SWAZILAND**  
NATIONAL IDENTITY CARD



SURNAME  
SHONGWE


NAMES  
NOMPILO IMMACULATE

DATE OF BIRTH  
04/01/2000

PERSONAL ID NUMBER  
0001042100824

SEX  
F

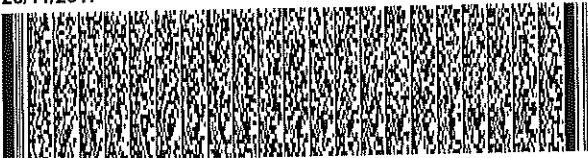
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NATIONALITY  
SWAZI

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