



EMPLOYEE EMERGENCY CONTACT FORM

Full Name:			
Position:			
Staff ID:		Department:	
Address:			
Telephone No:		Telephone No (Alt):	
Email:			

In the event of an emergency, I, the undersigned employee, authorize Intelcode India Pvt Ltd ("the Company") to notify the following person:

Name:			
Relationship to Employee:			
Telephone No:		Telephone No (Alt):	
Address:			

In the event that you are unable to notify such person, the Company is authorize to notify:

Name:			
Relationship to Employee:			
Telephone No:		Telephone No (Alt):	
Address:			

I understand and agree that the Company will have no obligation or liability to notify such person in case of emergency.

Name:

Date: