



EMPLOYER ACKNOWLEDGEMENT

Dear Sir/Madam,

① Mr/Mrs/Miss. Rosanna Anolres Gutierrez DOB 07/07/1996
Address: 256 Sun Crescent Sunshine 3020

The abovenamed person attended this Medical Centre today claiming to have been involved in a work related incident which occurred on DATE 18/03/2015.

We would appreciate your assistance with the completion of the following information. Please return the completed form or have your employee return the completed form on their next visit to SUNSHINE CITY MEDICAL CENTRE.

Yours faithfully,

Sunshine City Medical Centre

Company Name: Symmetry - Human Resources
Company Address:

Phone Number: 03 9566 2466

1. We acknowledge that the abovenamed person is an employee of our Company.
2. We acknowledge that their injury is work related.
3. We acknowledge to pay all accounts within 14 days of service.

Signature of Authorised Officer:

Name of Authorised Officer:

Title of Authorised Officer: