ection A	Employer details
ach a copy o	of the full employment agreement and complete the following.
State the n	name of the person to whom you have offered a position in your business
Family/last	name Given/first name(s)
	GURVINDER SING
Full name o	of person completing this form.
	SIDDHARTHA DOMA
Position or	title of person completing this form.
	DIRECTOR
Business n	ame (if applicable) and physical and postal addresses.
	FABRIL SOLUTIONS LIMITED
Telephone	
Fax	Email admin @fabril Solutions (o. nz
Website	Mobile 020405 77777
New Zealar	nd Business Number (NZBN)
Write your NZ	ZBN below if applicable/known
9.4.2.9	01412141795
How long h	nas this business been in operation? 1 YEAR 8 MONTHS
How many	people does the business currently employ?
How many	current employees are New Zealand citizens or residence class visa holders?
	siness made anybody redundant, or been through a consultation with respect to potential ies, in the past six months?
Yes Provi	ide details, including how many people were affected and their roles.
1	
	MIN
	names of any associated companies or businesses (such as parent or subsidiary companies, and associated with substantial owners or directors of this business).
	N/A