

APPLICATION TO RIGHTS COMMISSIONER
EUROPEAN COMMUNITIES (SAFEGUARDING OF EMPLOYEES RIGHTS ON
TRANSFER OF UNDERTAKINGS) (AMENDMENT) REGULATIONS 2003.

(PLEASE USE BLOCK CAPITALS)

NAME: _____

NAME OF COMPANY
OR EMPLOYER: _____
(FULL LEGAL NAME, IF IN DOUBT CONSULT
YOUR P60 OR P45)

ADDRESS: _____

ADDRESS: _____

TEL NO: _____

TEL NO: _____

NAME AND ADDRESS OF YOUR REPRESENTATIVE (IF ANY) _____

MY/OUR COMPLAINT IS THAT: _____

EMPLOYEES SIGNATURE: _____ **DATE:** _____

PLEASE NOTE THAT A COPY OF THIS FORM WILL BE FORWARDED TO YOUR EMPLOYER.

