

GINA@WORK ADMIN UNIFORM ORDER FORM

GARMENT	ТҮРЕ	SIZE	QTY	SIZE	VALUE	TOTAL
ADMIN LADIES						
Coriander (Navy)	Тор	28 - 50			R409.25	
Chicory (Navy)	Dress	28 - 50			R639.25	
Origano	Jacket	28 - 50			R937.25	
Mastic	Pants	28 - 50			R369.00	
Teak (65cm)	Skirt	28 - 50			R300.00	
Teak (75cm)	Skirt	28 - 50			R311.50	
Nazley	Fitted Headgear/Scarf				R169.05	
ADMIN MEN						
DJ (Short sleeve - Blue)	Formal Lounge Shirt	37 - 48			R409.25	
DJ (Short sleeve - Powder Blue)	Formal Lounge Shirt	37 - 48			R409.25	
DJ (Long sleeve - Blue)	Formal Lounge Shirt	37 - 48			R409.25	
DJ (Long sleeve - Powder Blue)	Formal Lounge Shirt	37 - 48			R409.25	
Beckham	Trouser	28 - 44			R392.00	
ADDITIONAL						
Rowan (Fleece)	Jacket	XXS - 5XL			R632.50	
TOTAL VALUE (**No	te that the prices abo	ve include	e VAT ai	nd the N	IHR subsidy)	
Panel member name:			Branch	Name:		
Payment option (Please tick correct	option) : One payment		Two	-	Thre	

Panel member signature: ______MHR number: ______Date: _____

MHR Manager full name:_______Signature:______Date:_____

Thank you for ordering your uniform from Gina@Work. We trust that you will be satisfied with your garments, as well as the service you receive. MHR has selected the styles as depicted on the **2024 Gina@Work Admin uniform pricelist.** Garments are only available as described on the pricelist i.e. colour, sleeve length, fabric, etc.

IMPORTANT NOTE:

- 1. If you require minor alterations, please consult a tailor or dressmaker. Unfortunately, we do not do alterations.
- 2. Please make sure that you order the correct item and size. We do not refund or exchange garments.
- **3.** Any queries relating to your order should be directed to your uniform coordinator at MHR.

For office use only					
Action	Date	Signature			
Loaded on Shared Folder					
Uniform Received					



AUTHORITY FOR SALARY DEDUCTION

Name and Surname:

ID / Passport no.: ______ or MHR no.: _____

I hereby give MHR permission to deduct the sum of R_____ from my payment for:

Please mark the applicable deduction with a \checkmark and fill in the correct amount to be deducted

TYPE OF DEDUCTION	ΤΙϹΚ	AMOUNT
MHR uniform (Refer to the total indicated on the uniform order form)		R
Training (Total confirmed by the MHR facilitator)		R
Name badge (The first name badge is free of charge. MHR charges a fee to replace a lost name badge or for a new name badge for a rank, job title or surname change)		R
Access card (The first access card is free of charge. The client charges a fee to replace a lost access card or for a new access card for a surname change)		R
TOTAL		R

Signed at	on this	dav	/ of	20	
olgnoù at		uu	, 01	20_	

Signature: Applicant/Panel member

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Signature: MHR representative

FOR OFFICE USE ONLY	
Date deduction instruction was forwarded to MHR Pay office:	
Deduction submitted by:	
Deduction processed by:	