**FORM XXIV**

**[See rule 82 (1)]**

**Return to be sent by the Contractor to the Licensing Officer**

Half-year ending

1. Name and address of the contractor

2. Name and address of the establishment

3. Name and address of the principal employer

4. Duration of contract: From To

5. Number of days during the half-year on which
(a) the establishment of the principal employer had worked
(b) the contractor's establishment had worked

6. Maximum number of contract labour employed on any day during the half year

 Men: Women:  Children: Total:

7. (I) Daily hours of work and spread-over

(II) (a) Whether weekly holidays observed and on what day

(b) If so, whether it was paid for

(III) Number of man-hours of overtime worked

8. Number of man days worked by:
 Men: Women:  Children: Total:

9. Amount of wages paid:
 Men: Women:  Children: Total:

10. Amount of deduction from wages, if any
 Men: Women:  Children: Total:

11. Whether the following have been provided
(I) Canteen
(II) Rest-rooms
(III) Drinking water
(IV) Crèche
(v) First-aid

(if the answer is 'yes' state briefly standards provided)

Signature of Contractor.

Place
Date