## To: Director of Apprenticeship

This is t	o inform you that consent has	been given for	
Mr.	(name of apprentice)(contract registration no.		
to cease his employment	on		
Would you ple	ease terminate the contract of	apprenticeship	
	parties agree to the termination		
	Name of Employer		
	Name of Employer Signature of Employer	·	
	or Other person signing		
	for or on behalf of		
	Employer	:	
	Company Chop	:	
	Date	:	
	Signature of		
	Apprentice	:	
	Signature of		
	Guardian	:	
	Date		_

## 致學徒事務專員 :

	本公司已同意學徒	₹	君 (合約註冊號碼)
在	年月	日離職	k o
	請你以所有立約人均	同意解約為理由	日,終止該學徒的合約。
		僱主名稱	:
		僱主或代表簽署	:
		印鑑	:
		日期	:
		學徒簽署	:
		監護人簽署	:
		日期	: