

FORM 'E'
(RULE 13 (2))

REGISTER OF FEES PAID FOR THE ISSUE OF DUPLICATE CERTIFICATE UNDER
SECTION 52 OF THE FACTORIES ACT

Date	Serial No.	Number of previous certificate	Name of person to whom granted	Amount of fee charged	Initial of certifying surgeon
1	2	3	4	5	6

Paid into Treasury.....

Date.....

Signature of Certifying Surgeon.....