

COLT TALENT

Title, Name & Surname	Mr Kizzen Aiden Morkel			MR MISS MRS MS	
ID/Work Permit No	9112075119085		Expiry date of work permit		
Passport number	A02690978	Expiry date	05/05/2025	Car Make	
Date of Birth	1991/12/07	Nationality	South African	Model	
Age	24	Gender	Male	Reg no	
Street address	118 Milford road			licence type(08,10,14,Pdp)	
	Plumstead			Motorbike Licence?	
	Cape Town	Code	7800	Do you own a bicycle	
Willing to do nudity?	Y/N	Topless?	Y/N		
Skills and Hobbies	Reading, science, poetry, sudoku, chess, Martial arts and constructing personal computers				
Sports	Thai boxing				
Languages spoken	English and Afrikaans			(pls state proficiency)	
Marital status	single	Spouses Name			
Bank Code	470010	Bank Name	KA Morkel		
Branch name	Capitec	Acc Name	Savings		
Account No			Account Type		
Tax reference number			APPEARANCE & MEASUREMENTS		
Contact Nos:			<i>Appearance</i>		
Home	0217051214		Race		<i>Measurements:</i>
Cell	0769003866		Skin tone	Brown	Height (cms)
Work			Eye colour	Green	Neck (inch)
Fax			Hair colour	Black	Hat size (inch)
Email	kizzenmorkel11@gmail.com		Hair type		Shoe:
Emergency Contact No			Hair length		5
Name of contact			Facial hair		Bra size
Relationship			Build		Chest (inch)
Do you have kids	1		Tattoos	Yes	Hips (inch)
How many			Piercings	None	Waist (inch)
Are you available during the week or weekends only?			Anytime and immediately		

1. Intentions

I the undersigned understand that Colt Talent will represent in my capacity as an independent contractor as my agent for the period 1st May to 1st May annually. The annual fee for registration is R120. Any increase will be posted in the offices on the day of registration. They will endeavour to find work for me as a background or featured artiste in Film, Television and Commercial productions, or as a photographic model. Colt Talent do not guarantee to provide work, but enter into this agreement in good faith and will attempt to suggest me whenever possible and appropriate. I hereby grant Colt Talent power of attorney in respect of contracts negotiated for work on my behalf. Each party agrees with the other that the principals whom they represent are only to be contacted through the respective parties herein and neither party shall circumvent each other to contact in any way whatsoever, whether directly or indirectly, with the respective principals.

2. Payment

In the event of my working, I authorise Colt Talent to invoice for my services on my behalf as required, and to deduct their agency fee from my fees prior to issuing payment to me. I understand that I am not permitted to accept payments for work, which Colt Talent has arranged, on any other basis without prior written authorisation. I understand that payment will be forwarded to me only on Colt Talent receiving payment from the production company for whom my work was conducted. Colt Talent undertake to ensure "good intentions" of all production companies with whom I am placed, but I understand that any work accepted is entirely at my own discretion.

3. Disciplinary Procedures

I understand that Colt Talent reserve the right to discontinue representation. This may occur if my behaviour falls below the standards set out in the "Colt Talent Terms & Conditions". I have also read any relevant amendments to these T&Cs posted in the office and/or attached to these T&C.

4. Terms of Engagement

This registration form and terms and conditions as posted in the offices available on request form part of the conditions of the engagement will jointly constitute the full agreement between Colt Talent cc and the independent contractor for the services specified therein. Parties specifically acknowledge that the independent contractor, in performing his/her obligations under this agreement and in rendering his/her services and performing the Task, will in all respects be an independent contractor and not an agent, employee or representative of Colt Talent cc and as an independent contractor you will be responsible for your own tax.

5. Liability

The agency is NOT responsible for any loss, safety or health of any artiste or any loss or damage to the artiste's personal clothing or effects.

I have read and understood the above, and accept these terms from the date of first registration.

Artiste Signature: _____

Date: _____

Medical Questionnaire

By signing this form you hereby authorise the production medic to contact you or your child's doctor if there is a need to clarify details. This Questionnaire is confidential and used strictly to ensure that you can receive the best possible care in the unlikely event of an accident.

Name of family GP

Contact number

Blood group

Have you suffered from any of the following conditions:

	Yes	No
Heart complaints	<input type="text"/>	<input type="text"/>
Diabetes	<input type="text"/>	<input type="text"/>
Asthma	<input type="text"/>	<input type="text"/>
Allergies	<input type="text"/>	<input type="text"/>
Back or Neck problems	<input type="text"/>	<input type="text"/>
Epilepsy	<input type="text"/>	<input type="text"/>
Migrains	<input type="text"/>	<input type="text"/>
Depression	<input type="text"/>	<input type="text"/>
Phobias	<input type="text"/>	<input type="text"/>
Anxiety attacks	<input type="text"/>	<input type="text"/>
Skin complaints	<input type="text"/>	<input type="text"/>
other conditions	<input type="text"/>	<input type="text"/>

If yes to any of the above is condition stable

How fit are you? Excellent, good average or poor?

Are you on medication

Please list medication you are taking

Are you Hallal

Are you Vegetarian

Are you pregnant or breastfeeding

Have you broken any bones or had any serious operations in the last 24 months

Please outline

Do you know of any other illness or disability that may effect your participation

if yes please state what

Any activities that you should not partake in I cannot swim

Have you been in a malaria area in the last 12 months

Did you take malaria medication before travelling

What medication did you take and how long

Artiste Signature: _____

Date: _____