



**INDIVIDUAL AGREEMENT FORM  
FOR CONTRACTORS/SUB-CONTRACTORS/EMPLOYEES**

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I have received a copy of the Contractor and Supplier Health & Safety Rules and Regulations from my employer/contractor or directly from Dwight Crane Ltd. and hereby affirm the following:

1. I fully understand these rules, and
2. I have been given adequate instruction regarding the contents of these rules, and
3. I will abide by these rules, while performing work at Dwight Crane Ltd.

**Name of Contractor's Company:** \_\_\_\_\_

**Name of Contractor:** \_\_\_\_\_

**Signature of Contractor:** \_\_\_\_\_

**Date:** \_\_\_\_\_