

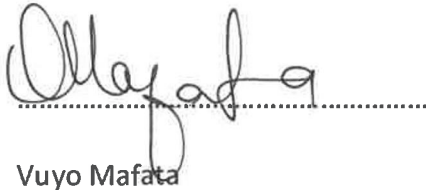
DEPARTMENT OF LABOUR

NO. 1386

14 DECEMBER 2018

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**(ACT 130 OF 1993)****EMPLOYER REGISTRATION FORM**

I, Vuyo Mafata, in my capacity as Compensation Commissioner and acting in terms of section 6A(a)(b), hereby publishes the attached prescribed Employer Registration Form for the purpose of section 80 of the above named Act.


Vuyo Mafata

Compensation Fund Commissioner

Date: 2018/12/04



Department of
Labour
REPUBLIC OF SOUTH AFRICA

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1930 www.legislation.gov.uk/ukpga/1930/17/section/100
 ACT No. 130 OF 1993, (Section 80 - Rules, forms and particulars of the Compensation Commissioner - Annexure 7)
REGISTRATION OF EMPLOYER

To be completed by all employers
THE COMPENSATION COMMISSIONER
 P O Box 955, Pretoria, 0001
 Compensation House
 167 Thabo Sehume Street, Delta Heights
 Building, Pretoria 0001
 Enquiries: 0860 105 350
 Fax: (012) 357 1772
 e-mail: clinfo@labour.gov.za
www.labour.gov.za

Mark with X where applicable	
Close Corporation	
Company	
Trust	
Organisation/Association	

Sole Proprietor(including Farmers)	
Partners	
Public/Local Authorities	
Other	

For office use only											
BP Number											
CA Number											

1.1	Date on which first employee was employed: (Item 1.1 must be completed)	YYYY	MM	DD
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										<p>● IMPORTANT</p> <p>USE ONLY BLOCK</p> <p>LETTERS TO COMPLETE</p> <p>THIS FORM.</p>									
POSTAL CODE																			

● IMPORTANT ●
USE ONLY BLOCK
LETTERS TO COMPLETE
THIS FORM.

Code: _____

Contact details	Tel:	Contact Person:
Fax:		Cell:
Email:		

FOR OFFICE USE

2.1 Name of owner / partners / trustees

2.1.1.Name(s) and ID number(s) of owner(s)/ partners of business / farming / trust:
N.B. COPY OF ID DOCUMENT(S) MUST BE ATTACHED

2.2 Registered name of company or close corporation

Company or Close Corporation no. with DTI:

NB: COPY OF CIPC DOCUMENTS, TRUST DOCUMENT OR NPO CERTIFICATE MUST BE ATTACHED.

3.1 Detailed description of the nature of business-, farming activities OR goods manufactured or sold OR services rendered:

3.2 Describe the following if applicable:

3.2.1 Materials used in the manufacturing of goods: _____

3.2.2 Nature, extent and type of construction / erection undertaken:

Yes		No	
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4.1 Surname: _____ Initials: _____

[illegible]

Residential address: _____
Postal Code: _____ Telephone: _____

4.2 If the business is already registered at one of the offices of the Department of Labour indicate:

Reg. no allocated by:	Compensation Fund		Unemployment Insurance Fund	
Registration number:				

4.3 If the business has changed ownership, furnish the following:

4.3.1 Previous trading name of business/farm

4.3.2 Name of previous owner

4.3.3 Present residential address of previous owner

4.3.4 Date of take-over

5.1 Estimated earnings of employees to be furnished as from the date furnished in item 1.1 up to end of February the next year

5.1.1 Number of employees presently employed _____

5.1.2 Average number of employees expected to be employed during the above-mentioned period

5.2 **Estimated earnings expected to be paid to employees up to a maximum of R 430 944 per person per annum for the period (01 March 2018 to 28 February 2019):**

5.2.1 Total **estimated** earnings of employees

5.2.2 Total **estimated** cash value of food and lodging provided free by employer

5.2.3 Estimated cash value of other in-kind benefits

5.2.4 Estimated earnings of working directors of a Co or working members of a CC
Refer to item 5.2 i.r.o. maximum earnings

Provide the estimated earnings of items 5.2.1 to 5.2.4 and give the total under 5.3:

5.3 Total estimated earnings from: _____ **to:** _____

6.1 Furnish the trading name and postal address of the Head Office and/or affiliates / branches and if already registered, the registration number allocated by the Unemployment Insurance Fund (UIF) and/or the Compensation Fund (CF).

6.2 Kindly furnish your bank details by completing the section below. This information is required for the purpose of a direct electronic deposit to your bank account IF applicable. Direct deposits prevent postal delays and cheque fraud.

Bank: _____ Branch Name: _____ Branch Code:

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Type of Account: _____ Account number: _____

Name of Account Holder: _____

PART 7 DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I certify that the above particulars are correct.

NAME (PRINTED)

SIGNATURE

POSITION/CAPACITY

CONTACT PERSON:

TEL NO: ()
CELL NO

DATE _____