

---

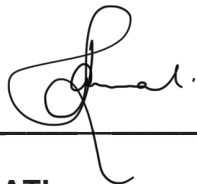
**GENERAL NOTICES • ALGEMENE KENNISGEWINGS**

---

**DEPARTMENT OF EMPLOYMENT AND LABOUR****GENERAL NOTICE 994 OF 2022****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO 130 OF 1993)****THE NOTICE ISSUED BY THE DIRECTOR-GENERAL UNDER COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

I, Thobile Lamati, The Director General of Employment and Labour, hereby in terms of S83 (8) and S83 (2) (b) of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993) as amended issue the following Notice:

- a) A Maximum Earnings on Actual Earning is R506 473 (1 March 2021 to 28 February 2022)
- b) A Maximum Earnings on Provisional Assessment is R529 264 (1 March 2022 to 28 February 2023)
- c) A Minimum Assessment for commercial employers is R1342
- d) A Minimum Assessment for private domestic employers is R463



**T LAMATI**

**DIRECTOR-GENERAL: EMPLOYMENT AND LABOUR**

**DATE** 09/03/2022



**employment & labour**

Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA



**2021**

**CF-2A FORM: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993**

**RETURN OF EARNINGS**

**Section A – Employer's details**

Name of Employer	<input type="text"/>
CF Registration No	<input type="text" value="9"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
UIF Registration No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CIPC Registration No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SARS Tax No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business Address	<input type="text"/>
City/Town	<input type="text"/>
Province	<input type="text"/>
Postal Address	<input type="text"/>
Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer's email address	<input type="text"/>
Consultant's email address	<input type="text"/>
Consultant's Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



**employment & labour**  
Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA



SECTION B: Declaration of Earnings					CF Registration number:99			
Actual Earnings:01/03/2021 - 28/02/2022					Provisional Earnings:01/03/2022- 28/02/2023			
Month	Number of employees and amount of earnings (staff costs/salaries & wages) per month paid to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 506 473 per person for the above period.	Number of directors/members and amount of earnings (staff costs/salaries & wages) per month paid to directors of a Company or members of a Close Corporation up to a maximum of R 506 473 per person for the above period.			Number of employees and amount of earnings (staff costs/salaries & wages) per month expected to be paid to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 529 264 per person for the above period.	Number of directors/members and amount of earnings (staff costs/salaries & wages) per month expected to be paid to directors of a Company or members of a Close Corporation up to a maximum of R 529 264 per person for the above period.		
	Number of employees	Earnings - (Rands only)	Number	Earnings - (Rands only)	Number of employees	Earnings - (Rands only)	Number of employees	Earnings - (Rands only)
Mar								
Apr								
May								
Jun								
Jul								
Aug								
Sep								
Oct								
Nov								
Dec								
Jan								
Feb								
Total								
			FINAL EARNINGS PAID		ESTIMATED EARNINGS			
Total earnings of both employees and Directors/Members:								
Total cash value of free food and/or quarters. (if applicable) in Rands.								
GRAND TOTAL OF EARNINGS								
State in words the grand total of earnings:					State in words the grand total of earnings:			





**employment & labour**  
Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA



SECTION C: Declaration of Oath	CF Registration number:99
<p><i>I confirm that the information given in this form is true, complete and accurate:</i></p> <p><i>Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.</i></p> <p><i>If an error is detected after submitting your return of earnings, you have 60 days from the date assessed to apply for the revision of assessment. The request must be forwarded to <a href="mailto:cfcallcentre@labour.gov.za">cfcallcentre@labour.gov.za</a> or call 0860 105 350 for assistance.</i></p>	
<b>Declaration by the Employer:</b>	
Name & Surname:	
Designation/Capacity:	
Signature:	
Date:	
Telephone No:	
e-mail address:	
<b>Declaration by the Consultant</b>	
<b>OR If using a service of a consultant (attach a Power of Attorney and complete)</b>	
Name & Surname:	
Consultant's Company Name	
Signature:	
Date:	
Telephone No:	
e-mail address:	
Registered Professional Body & Practise No.	

**For Office Use Only**

