



labour

Department: Labour REPUBLIC OF SOUTH AFRICA

To be completed by all employers THE COMPENSATION COMMISSIONER P O Box 955, Pretoria, 0001 Compensation House Cnr. Hamilton St. and Soutpansberg Rd Enquiries: 0860 105 350 Fax: (012) 357 1772 e-mail: cinfo@labour.gov.za website : www.labour.gov.za

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 ACT No. 130 OF 1993, (Section 80 - Rules, forms and particulars of the Compensation Commissioner - Annexure 7) REGISTRATION OF EMPLOYER

Table with 2 columns: Mark with X where applicable, and categories: Close Corporation, Company, Trust, Organisation/Association.

Table with 2 columns: Sole Proprietor(including Farmers), Partners, Public/Local Authorities, Other.

For office use only. Table with columns NO, AA, CHECK, ACTIVATE.

N.B. ALL ITEMS MUST BE COMPLETED (Guidelines available on website) N.B. THE DOCUMENT MUST BE SIGNED AND DATED

PART 1 PARTICULARS OF EMPLOYER

1.1 Date on which first employee was employed: (Item 1.1 must be completed) YYYY MM DD

1.2 Trading name and postal address of business / farming / organisation / trust : [Grid] POSTAL CODE

IMPORTANT USE ONLY BLOCK LETTERS TO COMPLETE THIS FORM.

1.3 Physical Address of Business/Name(s) of Farm(s) Magisterial district: Code: FOR OFFICE USE

Contact details table with fields: Contact details, Tel, Contact Person, Fax, Cell, Email.

PART 2 PARTICULARS OF OWNER/ CLOSE CORPORATION/COMPANY/TRUST

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 CK1/2, CM1 + CM29, TRUST DOCUMENT OR NPO CERTIFICATE MUST BE ATTACHED.

PART 3 PARTICULARS OF THE NATURE OF BUSINESS-, FARMING OPERATIONS , ACTIVITIES OR TYPE OF ORGANISATION

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: 3.3 In case of farming, indicate the nature thereof: Livestock farming, Tillage, Mixed farming: Livestock%, Tillage%

3.4 Do you use any tractors and/or power – driven saws Yes No W.As. 2 E NB. COMPLETE BOTH SIDES ALL ITEMS

PART 4 PARTICULARS OF RESPONSIBLE PERSON / DIRECTOR / MEMBER OR PARTNER OF BUSINESS / FARMING

4.1 Surname: _____ Initials: _____

ID. No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Position/Capacity: _____

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 _____

Postal Code _____

4.3.4 Date of take-over _____

PART 5 N.B. PARTICULARS OF EMPLOYEES MUST BE COMPLETED

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 485 520** per person per annum for the period (01 March 2019 to 28 February 2020):

RANDS ONLY	
-------------------	--

5.2.1 Total **estimated** earnings of employees _____

	00
--	----

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

	00
--	----

5.2.3 **Estimated** cash value of other in-kind benefits _____

	00
--	----

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

	00
--	----

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: _____

	00
--	----

PART 6 ADDITIONAL INFORMATION IN RESPECT OF HEAD OFFICE AND/OR FILIALS / BRANCHES

6.1 Furnish the trading name and postal address of the Head Office and/or filial / 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:

--	--	--	--	--	--	--	--	--	--

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