labour

Department
Labour
REPUBLIC OF SOUTH AFICA

To be furnished by all employers to:
THE COMPENSATION COMMISSIONER
✉ 955, Pretoria, 0001
Compensation House
Cnr. Hamilton St. and Soutpansberg Road
☎ 0860 105 350
e-mail: cfinfo@labour.gov.za
website : www.labour.gov.za
fax: (012) 357 1773

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

[Section 80 – Rules, forms and particulars of the Compensation Commissioner – Annexure 7]

REGISTRATION OF EMPLOYER

Mark with X where applicable			
Sole Proprietor (farmers included)		Partnership	
Close Corporation		Public/Local Authorities	
Company		Organisation/Association	
		Trust	

For office use only

NO	AA
CHECK	**ACTIVATE**

PART 1 DATE, TRADING NAME AND ADDRESS

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:

POSTAL CODE

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

1.3 Physical address/name(s) of farm(s) .....

Postal Code .....

Magisterial district .....

PART 2 PARTICULARS OF OWNER

2.1 Name of owner/partnership .....

Name(s) and Id number(s) of owner(s)/partnership of business: **(N.B. Copy of Id Document must be attached))**

2.2 Registered name of Company or Close Corporation .....

Company or Close Corporation Number:

N.B. Copy of CK1/2 or Company Registration document (CM1 + CM29) must be attached.

2.3 If a limited liability company or a close corporation, state names, Id numbers and addresses of directors or members (Attach a list if necessary)

.....

PART 3 PARTICULARS OF OPERATIONS

3.1 Describe the nature of goods manufactured / 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 and extent of construction / erection undertaken: .....

3.3 In the 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

Tel. No.: Dialling Code: No.: Contact person:

Fax No.: Dialling Code: No.: Cell.:

E-mail Address:

FOR OFFICE USE

W.As. 2 **COMPLETE BOTH SIDES**

ORIGINAL FORM MUST BE POSTED.

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

4.1 Surname: ..... Initials: .....

ID. No.: | | | | | | | | | | | | | | Capacity: .....

Residential address: .....

Postal Code: .....

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

Reg. No allocated by:	Compensation Commissioner		Unemployment Insurance Commissioner	
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 PARTICULARS OF EMPLOYEES

5.1 Number of employees presently employed ..... | | | | | | |

5.2 Estimated particulars of your employees as from **the date furnished in item 1.1** (as indicated on p.1 of this form) up to the **end of February the next year**.

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

5.2.2 Estimated total earnings up to a maximum of R 597 328 per person per annum: **RANDS ONLY**

(For the period 1 March 2024 - 28 February 2025)

5.2.2.1 Total cash earnings of employees		00
5.2.2.2 Total cash value of food and lodging provided free by employer		00
5.2.2.3 Cash value of other in-kind benefits		00
5.2.2.4 Earnings (see 5.2.2) of working Directors/members		00

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 filials / branches and if already registered, the registration number allocated by the Unemployment Insurance Fund (UIF) and/or the Compensation Commissioner (CC).

6.2 **KINDLY FURNISH YOUR BANK DETAILS BY COMPLETING THE SECTION HEREUNDER. THE INFORMATION IS REQUIRED FOR THE PURPOSES OF AN ELECTRONIC TRANSFER SYSTEM. DIRECT DEPOSITS PREVENT POSTAL DELAYS AND CHEQUE FRAUD.**

Bank: ..... Branch Name: ..... Branch Code: | | | | | | | | |

Type of Account: ..... Account number: | | | | | | | | | | | | | | | | | |

Name of Account Holder: .....

DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I certify that the above particulars are correct.

....

NAME (PRINTED) SIGNATURE DESIGNATION

CONTACT PERSON: ..... TEL NO: ....

DATE