



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.: Dialing Code:  No:  Contact person:

Fax No.: Dialing Code:  No:  Cell:

E-mail Address:

FOR OFFICE USE

**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	<input type="text"/>	<input type="text"/>

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 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	<input type="text"/>
5.2.2 Estimated total of earnings up to maximum of <u>R179 0088</u> per person per annum: (For the period 1 March 2006 - 28 February 2007)	RANDS ONLY <input type="text"/>
5.2.2.1 Total cash earnings of employees	<input type="text"/> 00
5.2.2.2 Total cash value of food and lodging provided free by employer	<input type="text"/> 00
5.2.2.3 Cash value of other in-kind benefits	<input type="text"/> 00
5.2.2.4 Earnings (see 5.2.2) of working Directors/memebers	<input type="text"/> 00
5.3 Total estimated earnings	<input type="text"/> 00

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

6.1 Furnish the trading name and postal address of 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.

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NAME (PRINTED)	SIGNATURE	DESIGNATION
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CONTACT PERSON: ..... TEL. NO.: (.....) ..... DATE