

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT No. 130 OF 1993) (Section 80 – Commissioner's rules, forms and particulars – Annexure 7)

REGISTRATION OF EMPLOYER

To be furnished by all employers to:
THE COMPENSATION COMMISSIONER

☑ 955, Pretoria, 0001
Compensation House
Cnr, Hamilton St. and Soutpansberg Road

☑ 086 010 5350 e-mail: cf-info@labour.gov.za website: www.labour.gov.za fax: (012) 323 5023

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Mark with X where applicable] [Partnership									For office use only																	
Sole Proprietor (farmers included)									Public/Local Authorities																	\perp										
Close Corporation]	Organisation/Association											NO						AA										
Company									Trust											Γ																
																						CHECK						ACTIVATE								
PART 1 DATE, TRADE AN) AD	DDRESS											L																		
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:							ss:														_							_		_						
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PΔR	Magisterial district PART 2 PARTICULARS OF OWNER																																			
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	Na	me(:	s) ar		num				ner(s)/part	nersh	hip o	f bu	sine	ess (Cop	Э	of Id	Doc	um	ent															
2.2	Re	gist	ered	nan	ne of	f Co	mpa	ny or	Clos	se Co	rpora	ation																								
	2.2 Registered name of Company or Close Corporation Company or Close Corporation Number:																																			
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2.3	If a	lim	ited	liahi	lity c	omr	nanv	or a	close	e corr	orati	ion	stati	e na	me	s Id	l nı	ımhe	rs aı	nd a	addre	255	2S 0	f dir	ect	ors	or m	eml	hers	(Af	ttach a	a lis	t if n	eces	arv)	
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PAR	Т3			P/	ARTI	CUI	LAR	S OF	ОР	ERAT	ION	s																								
3.1	De	scril	be th	ne na	ature	of o	good	ls ma	ınufa	cture	d / sc	old or	r ser	rvice	es re	ende	ere	d: _																		
3.2		scril	he th	ne fo	llowi	ing s	annli	cable	· ·																					_						
3.2 Describe the following applicable: 3.2.1 Materials used in the manufacturing of goods:																																				
	_		.,,,,									,	-· .																	_			_			
	3.2	.2	Na	ture	and	exte	ent o	f con:	struc	tion /	erec	tion (unde	ertal	ken:	_																				

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 FOR OFFICE USE									
Tel. No	o.: Dialing Code: No: Contact person:									
Fax N	o.: Dialing Code: No: Cell:									
E-mai	I Address:									
PAR ¹	T 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	4								
	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	_								
PAR	T 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	ve								
0.2	5.2.1 Average number of employees expected to be employed during the above-mentioned period									
	5.2.2 Estimated total of earnings up to maximum of R179 0088 per person per annum: RANDS ONLY	╡								
	(For the period 1 March 2006 - 28 February 2007)	$\overline{}$								
	5.2.2.1 Total cash earnings of employees	닉								
	5.2.2.2 Total cash value of food and lodging provided free by employer	<u>'</u>								
	5.2.2.3 Cash value of other in-kind benefits	_								
	5.2.2.4 Earnings (see 5.2.2) of working Directors/memebers)								
5.3	Total estimated earnings from: to)								
PAR ¹	T 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).	ie								
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6.2	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:	_								
DEC	CLARATION BY EMPLOYER OR AUTHORISED PERSON									
I cert	tify that the above particulars are correct.	٦								
	NAME (PRINTED) SIGNATURE DESIGNATION									
CON	NTACT PERSON: TEL. NO.: ()									
	DATE									