
GOVERNMENT NOTICE

DEPARTMENT OF LABOUR

No. 358**13 May 2014**

Rules, Forms and Particulars which shall be furnished in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993, as Amended).

I, Shadrack Shivumbahomu Mkhonto, Compensation Commissioner, hereby repeal under Section 6 A (b) of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993, as Amended) item 3 of my prescription as published under notice no. 197 in the following Government Gazette no 36254 of 15 March 2013 and replace it with the following:-

Registration of Employer [Section 80]

3. "The Registration of Employer shall be on Form W.As.2 [Annexure A] with the particulars required therein, as the case maybe", and this form will not be posted to registered employers and is obtainable from <http://www.labour.gov.za>

All employers are encouraged to file on line as per link <http://www.labour.gov.za>



S. S. MKHONTO.
COMPENSATION COMMISSIONER



Labour

Department
Labour

REPUBLIC OF SOUTH AFRICA

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]

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: cfinfo@labour.gov.za
 website : www.labour.gov.za

Mark with X where applicable	
Close Corporation	
Company	
Trust	
Organisation/Association	

Sole Proprietor(including Farmers)	
Partners	
Public/Local Authorities	
Other	

For office use only									
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 :**

[illegible]

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

- 1.3 Physical Address of Business/Name(s) of Farm(s)**

Code: _____

Magisterial district: _____

Contact details	Tel:	Contact Person:
Fax:		Cell:
Email:		

FOR OFFICE USE

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

[illegible]

- ## 2.2 Registered name of company or close corporation

Company or Close Corporation no. with DTI:

[illegible]

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.A.s. 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.:

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 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 COMPLETED5.1 **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:

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5.1.2 **Average** number of employees **expected** to be employed during the **above-mentioned period**

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5.2 **Estimated** earnings **expected** to be paid to employees **up to a maximum of R 332 479** per person per annum for the period (01 March 2014 to 28 February 2015):

RANDS ONLY	
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5.2.1 Total **estimated** earnings of employees:

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

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

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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:

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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
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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:

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Type of Account: _____ Account number:

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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 _____