

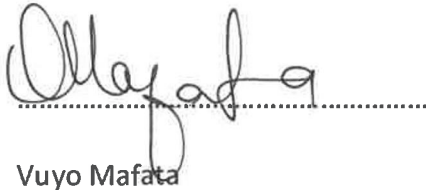
## DEPARTMENT OF LABOUR

NO. 1386

14 DECEMBER 2018

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993****(ACT 130 OF 1993)****EMPLOYER REGISTRATION FORM**

I, Vuyo Mafata, in my capacity as Compensation Commissioner and acting in terms of section 6A(a)(b), hereby publishes the attached prescribed Employer Registration Form for the purpose of section 80 of the above named Act.

  
Vuyo Mafata

Compensation Fund Commissioner

Date: 2018/12/04



Department of  
Labour  
**REPUBLIC OF SOUTH AFRICA**

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993** [www.legislation.gov.uk/ukpga/1993/37/section/80](http://www.legislation.gov.uk/ukpga/1993/37/section/80)  
 ACT No. 130 OF 1993, (Section 80 - Rules, forms and particulars of the Compensation Commissioner - Annexure 7)  
**REGISTRATION OF EMPLOYER**

To be completed by all employers  
**THE COMPENSATION COMMISSIONER**  
 P O Box 955, Pretoria, 0001  
 Compensation House  
 167 Thabo Sehume Street, Delta Heights  
 Building, Pretoria 0001  
 Enquiries: 0860 105 350  
 Fax: (012) 357 1772  
 e-mail: [clinfo@labour.gov.za](mailto:clinfo@labour.gov.za)  
[www.labour.gov.za](http://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											
BP Number											
CA Number											

1.1	Date on which first employee was employed: (Item 1.1 must be completed)	YYYY	MM	DD
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										<p>● IMPORTANT</p> <p>USE ONLY BLOCK LETTERS TO COMPLETE THIS FORM.</p>
POSTAL CODE										

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

Code: \_\_\_\_\_

Code: \_\_\_\_\_

Contact details	Tel:	Contact Person:
	Fax:	Cell:
	E-mail:	

**FOR OFFICE USE**

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 CIPC DOCUMENTS, 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:

- 3.4 Do you use any tractors and/or power – driven saws ☐ Yes ☐ No ☐  
 W.As. 2E 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: | <b>Compensation Fund</b> |  | <b>Unemployment Insurance Fund</b> |  |
| 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 430 944 per person per annum for the period (01 March 2018 to 28 February 2019):
- |   |                   |    |
|---|-------------------|----|
|   | <b>RANDS ONLY</b> |    |
| 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<br>Refer to item 5.2 i.r.o. maximum earnings |                   | 00 |
| <b>Provide the estimated earnings of items 5.2.1 to 5.2.4 and give the total under 5.3:</b>                                   |                   | 00 |
- 5.3 Total estimated earnings from: \_\_\_\_\_ to: \_\_\_\_\_

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

- 6.1 Furnish the trading name and postal address of the Head Office and/or affiliates / 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: ( ) _____	DATE _____
	CELL NO _____	