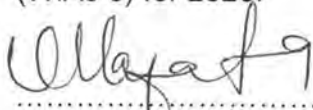

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DEPARTMENT OF LABOUR**NO. 476****24 APRIL 2020****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
(ACT 130 OF 1993) REVISE THE RETURN OF EARNINGS PRESCRIBED FORM**

In terms of Section 6A (b) of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993), I, Vuyo Mafata, Compensation Commissioner, revise the prescribed Return of Earning form as reflected on form 2A (W.As 8) for 2020.



.....
**COMPENSATION COMMISSIONER
V MAFATA**

Date: 2020/04/22



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CF 2A: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993

RETURN OF EARNINGS

Section A – Employer's details

Name of Employer	<input type="text"/>
CF Registration No	<input type="text" value="9"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
UIF Registration No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CIPC Registration No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SARS Tax No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business Address	<input type="text"/>
City/Town	<input type="text"/>
Province	<input type="text"/>
Postal Address	<input type="text"/>
Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer's email address	<input type="text"/>
Consultant's email address	<input type="text"/>
Consultant's Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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SECTION B: Declaration of Earnings					CF Registration number:99			
Actual Earnings:01/03/2019 - 29/02/2020					Provisional Earnings:01/03/2020- 28/02/2021			
Month	Number of employees and amount of <u>earnings</u> (staff costs/salaries & wages) per month paid to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 458 520 per person for the above period.		Number of directors/members and amount of <u>earnings</u> (staff costs/salaries & wages) per month paid to directors of a Company or members of a Close Corporation up to a maximum of R 458 520 per person for the above period.		Number of employees and amount of <u>earnings</u> (staff costs/salaries & wages) per month expected to be paid to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 484 200 per person for the above period.		Number of directors/members and amount of <u>earnings</u> (staff costs/salaries & wages) per month expected to be paid to directors of a Company or members of a Close Corporation up to a maximum of R 484 200 per person for the above period.	
	Number of employees	Earnings - (Rands only)	Number	Earnings - (Rands only)	Number of employees	Earnings - (Rands only)	Number of employees	Earnings - (Rands only)
Mar								
Apr								
May								
Jun								
Jul								
Aug								
Sep								
Oct								
Nov								
Dec								
Jan								
Feb								
Total								
			FINAL EARNINGS PAID		ESTIMATED EARNINGS			
Total earnings of both employees and Directors/Members:								
Total cash value of free food and/or quarters. (if applicable) in Rands.								
GRAND TOTAL OF EARNINGS								
State in words the grand total of earnings:					State in words the grand total of earnings:			

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SECTION C: Declaration of Oath	CF Registration number:99
<p><i>I confirm that the information given in this form is true, complete and accurate:</i></p> <p><i>Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.</i></p> <p><i>A Revision of Assessment application will only be considered if a request was sent to Compensation Fund within 30 calendar days from the Notice of Assessment / Invoice date.</i></p>	
Declaration by the Employer:	
Name & Surname:	
Designation/Capacity:	
Signature:	
Date:	
Telephone No:	
e-mail address:	
Declaration by the Consultant	
OR If using a service of a consultant (attach a Power of Attorney and complete)	
Name & Surname:	
Consultant's Company Name	
Signature:	
Date:	
Telephone No:	
e-mail address:	
Registered Professional Body & Practise No.	

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