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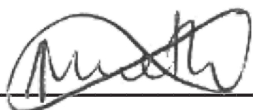
**GENERAL NOTICES • ALGEMENE KENNISGEWINGS**

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**DEPARTMENT OF EMPLOYMENT AND LABOUR****NOTICE 3115 OF 2025****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO 130 OF 1993) AS AMENDED****MAXIMUM AMOUNT OF EARNINGS AND MINIMUM ASSESSMENT ON WHICH THE ASSESSMENT OF AN EMPLOYER SHALL BE CALCULATED.**

**I NOMAKHOSAZANA METH**, Minister of Employment and Labour in terms of Section 83(8) and Section 83(2)(b) of the Compensation for Occupational Injuries and Decease Act, 1993 (Act No. 130 of 1993), hereby prescribe:

- a) The amount of R633 168 per employee per annum as the maximum amount of earnings on which an assessment of an employer shall be calculated; this amount being effective from 1<sup>st</sup> March 2025.
- b) A Minimum Assessment of R1 621 for employers with effect 1<sup>st</sup> March 2025.
- c) A Minimum Assessment of R560 for household/domestic employers with effect from 1<sup>st</sup> march 2025.



**MS N METH, MP**

**MINISTER OF EMPLOYMENT AND LABOUR**

**DATE:** 31 March 2025



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2024

**CF-2A FORM: 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>





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SECTION B: Declaration of Earnings					CF Registration number:99			
Actual Earnings: 01/03/2024 - 28/02/2025					Provisional Earnings: 01/03/2025 - 28/02/2026			
Month	Number of <b>employees</b> and amount of <b>earnings (staff costs/salaries &amp; wages)</b> per month paid to all employees (excluding directors of a Company or members of a close corporation) up to a <b>maximum of R 597 328</b> per person for the above period.		Number of <b>directors/members</b> and amount of <b>earnings (staff costs/salaries &amp; wages)</b> per month paid to directors of a Company or members of a Close Corporation up to a <b>maximum of R 597 328</b> per person for the above period.		Number of <b>employees</b> and amount of <b>earnings (staff costs/salaries &amp; wages)</b> per month expected to be paid to all employees (excluding directors of a Company or members of a close corporation) up to a <b>maximum of R 633 168</b> per person for the above period.		Number of <b>directors/members</b> and amount of <b>earnings (staff costs/salaries &amp; wages)</b> per month expected to be paid to directors of a Company or members of a Close Corporation up to a <b>maximum of R 633 168</b> per person for the above period.	
	Number of employees	Earnings - (Rand only)	Number	Earnings - (Rand only)	Number of employees	Earnings - (Rand only)	Number of employees	Earnings - (Rand 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 Rand.								
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>If an error is detected after submitting your return of earnings, you have 60 days from the date assessed to apply for the revision of assessment. The request must be forwarded to <a href="mailto:cfcallcentre@labour.gov.za">cfcallcentre@labour.gov.za</a> or call 0800 321 322/ 0860 105 350 for assistance.</i></p> <p><i>CF does not have a zero earnings. If the employer has ceased to operate or have no employees, the CF-1C Form must be completed together with this Form up to the period that the business existed.</i></p>		
<b>Declaration by the Employer:</b>		
Name & Surname:		
Designation/Capacity:		
Signature:		
Date:		
Telephone No:		
e-mail address:		
<b>Declaration by the Consultant</b>		
<b>OR If using a service of a consultant (attach a Power of Attorney and complete)</b>		
Name & Surname:		
Consultant's Company Name		
Signature:		
Date:		
Telephone No:		
e-mail address:		
Registered Professional Body & Practise No.		

*For Office Use Only*

