

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

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]

REGISTRATION OF EMPLOYER

| Mark with X where applicable | | | | | | | | | | | | | | | | | | | | | For | r offi | ce u | ıse (| only | | | | \ |
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| Close Corporation Company | | | | | | | | Partne | , | | | | | | | | | | | | <u> </u> | | - | T | | | | Т | |
| Trust | | | | | | | | Public/Local Authorities | | | | | | | | | | BP Number | | | | | | | | | | | |
| Organisation/Association Oth | | | | | | | | | Other | | | | | | | | | | | | | | | | | | | | |
| N.B. ALL ITEMS MUST BE COMPLETED (G | | | | | | | | | | | | | | | | | CA Number | | | | | | | | | | | | |
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| PART | 1 | | P/ | ARTIC | ULARS | OF E | MPLO | YER | | | | | | | | | | | | | | | | | | | | | |
| 1.1 | | | | | st emp | | employ | yed: | Υ | /YY | Y | MM | | | | | <u></u> | | | | | | DD | | | | | | |
| 1.2 Trading name and postal address of business / farming / organisation / trust : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1.3 | Pł | nysic | al Ad | dress | of Busii | ness/Na | ıme(s) | of Far | m(s)_ | | | | | | | | | | | | | | | | | | | | |
| Code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ма | gist | erial o | district: | | | | | | | | | | | | | | | | | | | | | F | OR OFF | ICE USE | | |
| | Cont | tact | detail | s T | el: | | | | | | | | Contac | t Pe | ersor | n: | | | | | | | | | | | | | |
| Fax: | | | | | | | | Cell: | | | | | | | | | | | | | | | | | | | | | |
| | Ema | il: | | | | | | | | | | <u> </u> | | | | | | | | | | | | | | | | | |
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| PAF | RT 2 | | | PARTI | CULAF | RS OF | OWNI | ER/ CL | OSE | CO |)RP(| ORAT | ION/C | ON | IPAN | IY/TI | RUS | T | | | | | | | | | | | |
| 2.1 | Na | me c | f own | er / par | tners / t | rustees | | | | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | <u>.</u> | | <u>.</u> | | I I | | |
| | 2.1 N.B | .1.Na s. CO I | me(s) PY OF | and ID r | umber(s | er(s)/ pa TBEA | c)/ partners of business / farming / trust: BE ATTACHED | | | | | | | | | | | | | | | | | | | | | | |
| 2.2 | Re | giste | red na | ame of | compan | y or clos | se corp | oration | ١ | | | | | | | | | | | | | | | <u></u> | | ······ | | | <u></u> |
| | | | | | | | Comi | oany o | r Clos | e Co | orpo | ration | no. w | ith [| OTI: | | | | | | | | | | | | | | |
| Company or Close Corporation no. with DTI: NB: COPY OF CIPC DOCUMENTS, TRUST DOCUMENT OR NPO CERTIFICATE MUST BE ATTACHED. | | | | | | | | | | | | | J | | | | | | | | | | | | | | | | |
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| PAF | | | | | RS OF | | | | | | | | | | | | | | | | | | | | | GAN | SATIO | N | |
| 3.1 | De | taile | d des | criptio | n of the | nature | of bus | siness- | -, farm | ing | acti | vities | OR go | ods | man | utac | turec | d or | solo | OR | ser | vices | ren | dere | d: | | | | |
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| 3.2 | De | scrib | e the | follow | ing if a | pplicab | le: | | | | | | | | | | | | | | | | | | | | | | |
| | 3.2 | | | | ed in th | - | | ng of go | oods: | | | | | | | | | | | | | | | | | | | | |
| | 3.2 | 2.2 | | | ent and t | | | | | n u | nderf | taken: | | | | | | | | | | | | | | | | | |
| 2.2 | ما | 000- | | | | | | | | <u></u> | | | rmin- | | | T:II | 200 | | | B4:- | v e e l | fare: | ne: | is | oto ol | .0/_ | T::: | aac ⁰ / | 1 |
| 3.3 3.4 | | | | - | idicate t ors and | | | | we | | Lives Yes | tock fa | rming F | No | <u></u> _ | | age | | | IVID | xed 1 | farmiı | ng: | LIVE | stock | .70 | 1111 | age% | |
| 3.4 | | • | | • | ors and TE BOTH | | | | ws | <u>'</u> | 103 | | Ĺ | 140 | | | | | | | | | | | | | | | |

PART 4 PARTICULARS OF RESPONSIBLE PERSON / DIRECTOR / MEMBER OR PARTNER OF BUSINESS / FARMING 4.1 Surname: Initials: Position/Capacity: ID. No.: Residential address: Postal Code Telephone:_ 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: 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 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 RANDS ONLY person per annum for the period (01 March 2018 to 28 February 2019): 00 5.2.1 Total **estimated** earnings of employees 00 Total **estimated** cash value of food and lodging provided free by employer 5.2.2 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 Refer to item 5.2 i.r.o. maximum earnings Provide the estimated earnings of items 5.2.1 to 5.2.4 and give the total under 5.3: 00 5.3 Total estimated earnings from: to: PART 6 ADDITIONAL INFORMATION IN RESPECT OF HEAD OFFICE AND/OR FILIALS / BRANCHES 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). 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. Branch Code: Bank: Branch Name: Type of Account: Account number: Name of Account Holder: **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