



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 105350
Fax: (012) 357 1773 / 323 5023
e-mail: cinfo@labour.gov.za
website : www.labour.gov.za

REGISTRATION OF EMPLOYER

Table with 2 columns: Mark with X where applicable, and rows: Close Corporation, Company, Trust, Organisation/Association.

Table with 2 columns and rows: Sole Proprietor(Including Farmers), Partners, Public/Local Authorities, Other.

For office use only: Grid of boxes, NO, AA, CHECK, ACTIVATE.

- N.B. ALL ITEMS MUST BE COMPLETED (Guidelines available on website)
• THE DOCUMENT MUST BE SIGNED AND DATED

PART 1 PARTICULARS OF BUSINESS / FARMING / ORGANISATION / TRUST

1.1 Date on which first employee was employed: YYYY MM DD

1.2 Trading name and postal address of business / farming / organisation / trust : Grid of boxes for address, POSTAL CODE.

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

1.3 Physical address / name(s) of farm(s) Postal Code

Magisterial district
Tel. No.: Dialling Code: No.: Contact person:
Fax No.: Dialling Code: No.: Cell.
E-mail Address:

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

2.2 Registered name of company or close corporation
Company or Close Corporation no. with DTI:
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

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: _____

4.2 If the business is already registered at one of the offices of the Department of Labour indicate:
 Reg. no allocated by:

Compensation Commissioner	
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Unemployment Insurance Commissioner	
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 Registration number:

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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 PARTICULARS OF EMPLOYEES - To be completed ONLY if the first employee was employed during the period 1 March 2008 to 28 Feb 2009

5.1 **Estimated particulars of employees to be furnished below. Please do not complete Part 5 if the first employee was employed before the 1 March the current year. Return of Earnings, WA.s.8, will be posted to you to be completed and submitted within 21 days.**

5.1.1 **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 261 893** per person per annum during the **above-mentioned period Or any in between period :**

RANDS ONLY	
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5.2.1 Total **estimated** cash 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:

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5.3 **Total estimated earnings** _____ From: _____ to _____

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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 Commissioner (CC).

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: _____

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 _____