



labour

Department
Labour
REPUBLIC OF SOUTH AFRICA

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
[Section 80 - Rules, forms and particulars of the Compensation Commissioner - Annexure 7]

To be furnished by all employers to:
THE COMPENSATION COMMISSIONER
955, Pretoria, 0001
Compensation House
Cnr. Hamilton St. and Soutpansberg Road
0860 105 350
e-mail: cinfo@labour.gov.za
website: www.labour.gov.za
fax: (012) 357 1773

REGISTRATION OF EMPLOYER

Table with 2 columns: Mark with X where applicable, Sole Proprietor (farmers included), Close Corporation, Company

Table with 2 columns: Partnership, Public/Local Authorities, Organisation/Association, Trust

For office use only. Includes a barcode area and a table with NO, AA, CHECK, and ACTIVATE options.

PART 1 DATE, TRADING NAME AND ADDRESS

1.1 Date on which first employee was employed: (Item 1.1 must be completed) YYYY MM DD

1.2 Trading Name and Postal Address: Grid for address and postal code

IMPORTANT USE ONLY BLOCK LETTERS TO COMPLETE THIS FORM.

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

PART 2 PARTICULARS OF OWNER

2.1 Name of owner/partnership Name(s) and Id number(s) of owner(s)/partnership of business: (N.B. Copy of Id Document must be attached)

2.2 Registered name of Company or Close Corporation Company or Close Corporation Number: N.B. Copy of CK1/2 or Company Registration document (CM1 + CM29) must be attached.

2.3 If a limited liability company or a close corporation, state names, Id numbers and addresses of directors or members (Attach a list if necessary)

PART 3 PARTICULARS OF OPERATIONS

3.1 Describe the nature of goods manufactured / 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 and extent of construction / erection undertaken:

3.3 In the 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

Tel. No.: Dialling Code: No.: Contact person:

Fax No.: Dialling Code: No.: Cell.:

E-mail Address:

FOR OFFICE USE

PART 4 RESPONSIBLE PERSON / DIRECTOR / MEMBER OR PARTNER OF BUSINESS

4.1 Surname: _____ Initials: _____
 ID. No.: Capacity: _____
 Residential address: _____ Postal Code: _____

4.2 If the business is already registered at one of the offices of the Department please indicate:

Reg. No allocated by:	Compensation Commissioner		Unemployment Insurance Commissioner	
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 PARTICULARS OF EMPLOYEES

5.1 Number of employees presently employed

5.2 Estimated particulars of your employees as from the date furnished in item 1.1 (as indicated on p.1 of this form) up to the end of February the next year.

5.2.1 Average number of employees expected to be employed during the above-mentioned period	<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"/>
5.2.2 Estimated total earnings up to a maximum of <u>R 292 032</u> per person per annum: (For the period 1 March 2012 - 28 February 2013)	RANDS ONLY <input type="text"/>
5.2.2.1 Total cash earnings of employees	<input type="text"/> 00
5.2.2.2 Total cash value of food and lodging provided free by employer	<input type="text"/> 00
5.2.2.3 Cash value of other in-kind benefits	<input type="text"/> 00
5.2.2.4 Earnings (see 5.2.2) of working Directors/members	<input type="text"/> 00
5.3 Total estimated earnings From: _____ to _____	<input type="text"/> 00

5.4 NB: IF DATE ON 1.1 IS BEFORE 1ST MARCH 2012 PLEASE COMPLETE PREVIOUS YEARS RETURNS

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 filials / 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 HEREUNDER. THE INFORMATION IS REQUIRED FOR THE PURPOSES OF AN ELECTRONIC TRANSFER SYSTEM. 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	DESIGNATION
CONTACT PERSON: _____	TEL No: () _____	DATE _____