**REGISTRATION OF EMPLOYER**

**PART 1  PARTICULARS OF EMPLOYER**

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

1.2 Trading name and postal address of business / farming / organisation / trust:

<table>
<thead>
<tr>
<th>POSTAL CODE</th>
</tr>
</thead>
</table>

1.3 Physical Address of Business/Name(s) of Farm(s):

Magisterial district:________________________

Code:________

Contact details  
Tel:________________________

Contact Person:  
Fax:________________________

Cell:________________________

Email:________________________

**PART 2  PARTICULARS OF OWNER/ CLOSE CORPORATION/BUSINESS/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 CIPC DOCUMENTS, 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  

W.As. 2E  
NB. COMPLETE BOTH SIDES ALL ITEMS

**For office use only**

Mark with X where applicable

<table>
<thead>
<tr>
<th>Close Corporation</th>
<th>Sole Proprietor(including Farmers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company</td>
<td>Partners</td>
</tr>
<tr>
<td>Trust</td>
<td>Public/Local Authorities</td>
</tr>
<tr>
<td>Organisation/Association</td>
<td>Other</td>
</tr>
</tbody>
</table>

BP Number  
CA Number

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

* N.B. ALL ITEMS MUST BE COMPLETED (Guidelines available on website)  
* N.B. THE DOCUMENT MUST BE SIGNED AND DATED
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: ___________________________ Telephone: ___________________________

4.2 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: _________________________________________________________

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  N.B. PARTICULARS OF EMPLOYEES MUST BE COMPLETED

5.1 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 person per annum for the period (01 March 2018 to 28 February 2019):

5.2.1 Total estimated earnings of employees ________________________________________ 00
5.2.2 Total estimated cash value of food and lodging provided free by employer ____________ 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:
5.3 Total estimated earnings from: ___________________________ to: ___________________________ 00

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 Fund (CF).

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: ___________________________

PART 7  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 ___________________________