



CF 1B: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993

APPLICATION FOR CHANGE OF NATURE OF BUSINESS

Section A – Applicant’s details

Name of Employer

CF Registration No

UIF Registration No

CIPC Registration No

SARS Tax No

Business Address

City/Town

Province

Code

Employer Telephone No

Mobile Telephone No

Employer’s email address

Consultant’s email address

Consultant’s Telephone No

Section B – Requirements for the change of nature of business

NB: In terms of section 80(3) of COIDA, employers must notify the Commissioner within 7 calendar days of any change in particulars.

Any failure to comply with this requirement shall be guilty of an offence. The change in business activities and re-classification of business entity will be effective from the date of receipt of request by the Compensation Fund.

Date of change of nature of business

Detailed description of the nature of business activities: (if the space is not sufficient, submit on a company's letter head and signed by the company's authorised person (with a company's stamp, if available))



Employer website (if any)

Is your business registered with any regulatory body?

If yes, indicate the registration number and the regulatory body's website

Section C – Provide the following documents

Businesses:	Please tick		Office use only	
	Yes	No	Yes	No
1. Certified copies of Directors/Owner's ID (all)				
2. Proof of CIPC registration certificate				
3. Proof of SARS registration certificates				
4. Proof of residential address				
Non-Profit Organisations (NPO):				
1. Certified copies of the Director's ID (all)				
2. Proof of registration with Department of Social Development				
3. Proof of CIPC registration certificate				
4. Proof of SARS' Public Benefit Organisation certificate				
5. Proof of Compliance Certificate				
6. Proof of residential address				
Trusts:				
1. Certified copies of the Trustees' ID (all)				
2. Proof of Letter of Authority (J246)				
3. Proof of CIPC registration certificate				
4. Proof of SARS registration certificate				
5. Proof of residential address				

I confirm that the information given in this form is true, complete and accurate:

Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.

Signature:	
Name and Surname:	
Date:	
Capacity:	