



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

**APPLICATION FOR DEREGISTRATION OF EMPLOYER**

**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

**Reason for deregistration: (please tick box)**

- Liquidation/Sequestration
- Cease Trading/No employees
- Amalgamation
- Sold/Taken Over
- Deceased



**Section B – Furnish the following documents**

	Please tick		Office use only	
	Yes	No	Yes	No
<b>Liquidation/Sequestration:</b>				
1. Court documents				
2. Proof of CIPC deregistration				
3. Proof of UIF deregistration				
4. Certified copies of Directors/Owner’s ID (all)				
<b>Cease Trading/No employees:</b>				
1. Proof of UIF deregistration				
2. Proof of CIPC deregistration				
3. Certified copies of Directors/Owner’s ID (all)				
4. Any other proof of deregistration				
<b>Amalgamation:</b>				
1. Signed Sales Agreement				
2. Proof of CIPC certificate				
3. Proof of UIF deregistration				
4. Certified copies of Directors/Owner’s ID (all)				
<b>Sold/Take Over:</b>				
1. Signed Agreement				
2. Proof of CIPC certificate				
3. Proof of UIF deregistration				
4. Certified copies of Directors/Owner’s ID (all)				
<b>Deceased Owner:</b>				
1. Proof of residential address				
2. Proof of UIF deregistration				
3. Death Certificate				

*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.*

<b>Signature:</b>	
<b>Name and Surname:</b>	
<b>Date:</b>	
<b>Capacity:</b>	