

COIDA, 1993 (ACT 130 OF 1993) Section 82(1)

The Hon., Prof., Dr., Rev., Messrs., Mr., Ms.,

## **RETURN OF EARNINGS**

W.As. 8

2011

To be completed and submitted by all employers to:
Assessments Division

■ 955, Pretoria, 0001

Compensation House

Cnr Hamilton Street & Soutpansberg Road, Arcadia

☑ Call centre 0860105350

Only original document will be accepted.

					orm: ould							s (sta are	aff c	osts	9				
				Sil	ould	ne i	ve le (	101 8	at 16				ENC	EΝ	IUME	3ER	/CA		
			В	P NO	0.														
			Υ	ear o	f ass	essn	nent					01	Mar						2012
	ı		_	ate o							_				) Mar				
				rn mu											31 Ma				
	Refer																		
PART 1: EMPLOYER PARTICUL	ARS	Com	olete	the	whit	e blo	ocks	<u>only</u>	<u>v</u> wl	nere	par	ticul	ars h	nave	chai	nged	۱.		
		Use k	oloci	k lette	ers v	vher	е ар	plica	able	, and	d ma	ark w	ith a	an X					
1.1 Co/CC Registration name (Cipro)					_	Ш				_	4		4	4	4	╄	╄	Ш	
Sole Proprietor: Name of owner.		$\vdash$	4	_	_	Ш		_	4	_	_	4	+		+	╄	╄	Ш	
1 2 Tradingname (if applicable)			t			H				7			$\dagger$	$\dagger$	±	$\pm$	L		
1.3 Co or CC number.																П		$\Box$	
1.4 Employer's ID number.						П					T		T		Т	Т	П	П	
1.5 Unemployment Insurance no.			Ť	T	T	П		T		一	T	T	T		T	Т	П	П	
1.6 Postal address.						П									十	Т	Т	П	
					т	П				一	寸		十	T	十	十	T	П	
			+	+	十	Н	Н	+	┪	$\dashv$	$\dashv$	_				十	十	Н	
												Ро	stal	CO	de:		匚		
1.7 Physical address.																L			
								$\Box$			$\Box$	1			工	工	$\Box$		
				+	╄	Н	-	-	_	_	4	+	+	+	+	╄	⊬	Ш	
		Regi	on			Ш	Щ								丄	上	上	Ш	
				Cod	le			L	_				-	N	lumb	er		_	
1.8 Telephone number.								L							丄	上	上	Ш	
				Cod	le									N	lumb	er			
1.9 Fax number.								L								L	L	Ш	
1.10 Cell phone number.																L		Ш	
1.11 E- Mail address.																			
1.12 Particulars of operation.																			
a) Describe the nature of business/																			
farming activities/ goods sold or																			
manufactured or services rendered.																			
b) Describe the materials used											Ī				T	Т			
in the manufacturing of goods.		•																	
c) Describe the nature and extent											П	T	Т	Т	Т	Т	П		
of construction/erection					_							_				_	_		
undertaken.																			
d) In case of farming,		Live	stoc	·k							Tills	age				Т			
indicate the nature thereof.		Mixe	_			٥	/al iv	esto	ock		T	<u> </u>	0/	4 Til	llage				
e) Do you use tractors and/or		Yes	-	Т	T.		No	COL		Т				0 111	luge		_		
power-driven saws.		163		_	J		140		Į	_									
1.13 Status of business.																			
a) Ongoing (under same ownership		V			٦.			Ma.	ı										
and control as previous year.)		Yes:			1/	\/	\/	No:		h //	_	5 F							
b) Ceased.		Date		Y	Y	Y	Y	H	IVI	IVI	ŀ								
c) Sold with:		Date		Υ	Υ	Υ	Υ	L	M	M	L	) L	)						
Assets only.		Yes:		$\vdash$	-			No:	ı	_									
Assets & liabilities.		Yes:		$\bot$	┺			No:	4	_	_				_	_	_	_	
Name & Address of		Щ	┸	$\perp$		Ш	Щ			_	4		$\perp$	$\perp$	丰	丄	上	Ш	
New owner / CC or Co.		$\Box$	$\perp$	$\perp$		Ш							$\perp$	⅃	丄	上	上	Ш	
		$oxed{oxed}$		1		Ш		_			_[	_		1	$\bot$	$\perp$	$\vdash$	Ш	
d) Liquidated/Sequestrated		Date	•	Υ	Υ	Υ	Υ	_	M	IVI	4	ם כ	)	+	+	╄	⊢	Н	
By Court Order Quote Estate no.		NO		<u> </u>	╀	Ш		4	_		4	+	+		丄	丄	丄	Ш	Ш
e) Owner deceased.		Date	:	Υ	Υ	Υ	Υ		M	M			)						

Declaration 01 March 2011 - 29 February 2012 I, the undersigned confirm that the number of employees and their earnings (staff costs/salaries & wages) for the 12 months ending 29/02/2012 are as follows:

		rnings:01/03/20	111 - 29/02	2/2012	Provisi	ional Earnings:	01/03/201	2- 28/02/2013			
Month	amount of eaccosts/salariemonth paid to (excluding did or members corporation)	es & wages) per o all employees rectors of a Company of a close up to a maximum of r person for the	and amount of costs/salaries month paid to Company or Corporation of the company of the corporation of the c	irectors/members of earnings (staff es & wages) per o directors of a members of a Close up to a maximum of r person for the	amount of eaccosts/salaried month expect employees (eaccompany corporation)	up to a <b>maximum</b> of er person for the	Number of directors/members and amount of <u>earnings</u> (staff costs/salaries & wages) per month expected to be paid to directors of a Company or members of a Close Corporation up to a maximum of R 292 032 per person for the above period.				
	Number	Earnings - (Rands only)	Number	Earnings - (Rands only)	Number	Earnings - (Rands only)	Number	Earnings - (Rands only)			
Mar											
Apr											
May											
Jun											
Jul											
Aug											
Sep											
Oct Nov											
Dec											
Jan											
Feb											
Total											
	=		•				·				
			FINAL EA	RNINGS PAID	ESTIMATI	ED EARNINGS					
Total earn	ings of bot	h employees	FINAL EA	RNINGS PAID	ESTIMATI	ED EARNINGS					
	ings of bot	• •	FINAL EA	RNINGS PAID	ESTIMATI	ED EARNINGS					
and Direct	tors/Membe	ers:	FINAL EA	RNINGS PAID	ESTIMATI	ED EARNINGS					
and Direct	tors/Members of fi	ree food and/ or	FINAL EA	RNINGS PAID	ESTIMATI	ED EARNINGS					
and Direct Total cash quarters. (	tors/Member or value of fi (if applicab	ers: ree food and/ or le) in Rands.	FINAL EA	RNINGS PAID	ESTIMATI	ED EARNINGS					
and Direct Total cash quarters. ( GRAND TO	ors/Member or value of fi or applicabor of E	ers: ree food and/ or le) in Rands. ARNINGS		RNINGS PAID			otal of ear	nings:			
and Direct Total cash quarters. ( GRAND TO	ors/Member or value of fi or applicabor of E	ers: ree food and/ or le) in Rands.		RNINGS PAID		ED EARNINGS ords the grand t	otal of ear	nings:			
and Direct Total cash quarters. ( GRAND TO	ors/Member or value of fi or applicabor of E	ers: ree food and/ or le) in Rands. ARNINGS		RNINGS PAID			otal of ear	nings:			
Total cash quarters. ( GRAND TO State in wo	tors/Member or value of fi (if applicab OTAL OF E ords the gr	ers: ree food and/ or le) in Rands. ARNINGS	ings:				otal of ear	nings:			
and Direct Total cash quarters. ( GRAND TO State in wo	tors/Member or value of fi (if applicab OTAL OF E ords the gr	ers: ree food and/ or le) in Rands. ARNINGS rand total of earn	ings:		State in w						
and Direct Total cash quarters. ( GRAND TO State in wo	tors/Member or value of fiction value of fiction of the control of	ers: ree food and/ or le) in Rands. ARNINGS rand total of earn	ings:		State in w	ords the grand t					
and Direct Total cash quarters. ( GRAND TO State in wo	tors/Member n value of fi (if applicab OTAL OF E ords the gr	ers: ree food and/ or le) in Rands. ARNINGS rand total of earn	ings:		State in w	ords the grand t					
and Direct Total cash quarters. ( GRAND TO State in wo	tors/Member n value of fi (if applicab OTAL OF E ords the gr	ers: ree food and/ or le) in Rands. ARNINGS rand total of earn	ings:		State in w  Declaration Name:	ords the grand to on by Agent/Payi					
Total cash quarters. (GRAND TO State in work variance or Declaration Name: Designation	tors/Member n value of fi (if applicab OTAL OF E ords the gr	ers: ree food and/ or le) in Rands. ARNINGS rand total of earn	ings:		State in w  Declaration  Name: Designation	ords the grand to on by Agent/Payi					
Total cash quarters. (GRAND TO State in wo	tors/Member value of fixing applicable of the grant of th	ers: ree food and/ or le) in Rands. ARNINGS rand total of earn	ings:		State in w  Declaration Name: Designation	on by Agent/Paye					
and Direct Total cash quarters. ( GRAND TO State in wo  Variance or Declaratio Name: Designatio SIGNATI Date:	tors/Member value of fixif applicabout of the grant of th	ers: ree food and/ or le) in Rands. ARNINGS rand total of earn	ings:		State in w  Declaration Name: Designation SIGNAT Date:	on by Agent/Payron: URE:					
Total cash quarters. (GRAND TO State in work)  Variance or Declaration Name: Designation SIGNATU Date: Telephone e-mail Additional cash and cash and cash are cash ar	tors/Member tors/Member tors/Member tors/Member to value of fix of applicable ords. The grant of actual earns on by employers.  URE:  No: class:	ree food and/ or le) in Rands. ARNINGS and total of earn nings above 30% v	ings:		Declaration Name: Designation SIGNAT Date: Telephone	on by Agent/Payron: URE: e No: dress:	oll Admini	strator:			
and Direct Total cash quarters. ( GRAND TO State in wo Variance or Declaratio Name: Designatic SIGNATI Date: Telephone e-mail Add Company B	tors/Member value of five policies of the grant value of five policies or the grant value of the grant value	ree food and/ or le) in Rands. ARNINGS and total of earn nings above 30% v	ings:		Declaration Name: Designation SIGNAT Date: Telephone	on by Agent/Payron: URE:	oll Admini	strator:			
and Direct Total cash quarters. ( GRAND TO State in wo Variance or Declaratio Name: Designatic SIGNATI Date: Telephone e-mail Ado Company B Bank Name	tors/Member tors/Member value of fixing a value of fixing a value of fixing a value of fixing a value of the grant value of the	ree food and/ or le) in Rands. ARNINGS and total of earn nings above 30% v	ings:		Declaration Name: Designation SIGNAT Date: Telephone	on by Agent/Payron: URE: e No: dress:	oll Admini	strator:			
and Direct Total cash quarters. ( GRAND TO State in wo Variance or Declaratio Name: Designatio SIGNATI Date: Telephone e-mail Ado Company B Bank Name Account No	tors/Member tors/Member value of fixing a value of fixing a value of fixing a value of fixing a value of the grant value of the	ree food and/ or le) in Rands. ARNINGS and total of earn nings above 30% v	ings:		Declaration Name: Designation SIGNAT Date: Telephone	on by Agent/Payron: URE: e No: dress:	oll Admini	strator:			
and Direct Total cash quarters. ( GRAND TO State in wo Variance or Declaratio Name: Designatic SIGNATI Date: Telephone e-mail Ado Company B Bank Name	tors/Member tors/Member tors/Member tors/Member to value of fix applicable of the property of	ree food and/ or le) in Rands. ARNINGS and total of earn nings above 30% v	ings:		Declaration Name: Designation SIGNAT Date: Telephone	on by Agent/Payron: URE: e No: dress:	oll Admini	strator:			

NB: IT IS THE RESPONSIBILITY OF THE EMPLOYER TO ENSURE THAT THE INFORMATION DECLARED IS ACCURATE AND CORRECT.

IT IS COMPULSORY FOR BOTH EMPLOYER AND AGENT / PAYROLL ADMINISTRATOR TO SIGN THE DECLARATIONS ABOVE.