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APPLICATION FOR EMPLOYMENT EQUITY REPORT

PLEASE READ THIS	Section A: Applicant details:
FIRST	Name and Surname:
•	ID Number:
	Organisation/Institution
	Address:
	Town / City:
PURPOSE OF THIS FORM	Postal Code
	Telephone No.:
	Fax No:
The form is used to request the	E-mail Address:
Employment Equity Report (Form	Date of application:
EEA2) of an employer from the	Date of application.
Department of Labour. It is issued in terms of Section 21(5) of the Employment Equity Act, 55 of 1998 as amended.	Section B: Reason for this request:
WHO COMPLETES THIS FORM?	
The applicant who is making the request.	
INSTRUCTIONS	
	Section C: Report requested:
Please complete a separate form for	Name of Employer :
each employer's report requested	
and address it to the Employment	*EE Reference No. :
Equity Registry.	Indicate the year(s) of the report(s) requested:
SEND TO:	
Emplovment Equity Registry	

*(Please consult the EE Public Register available on the departmental website to obtain the EE Reference no.)