



CF-2A FORM: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993

RETURN OF EARNINGS

Section A – Employer’s details

Name of Employer

CF Registration No

UIF Registration No

CIPC Registration No

SARS Tax No

Business Address

City/Town

Province

Postal Address

Code

Employer Telephone No

Mobile Telephone No

Employer’s email address

Consultant’s email address

Consultant’s Telephone No



SECTION B: Declaration of Earnings				CF Registration number:99				
Actual Earnings:01/03/2021 - 28/02/2022				Provisional Earnings:01/03/2022- 28/02/2023				
Month	Number of employees and amount of earnings (staff costs/salaries & wages) per month paid to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 506 473 per person for the above period.		Number of directors/members and amount of earnings (staff costs/salaries & wages) per month paid to directors of a Company or members of a Close Corporation up to a maximum of R 506 473 per person for the above period.		Number of employees and amount of earnings (staff costs/salaries & wages) per month expected to be paid to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 529 264 per person for the above period.		Number of directors/members and amount of earnings (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 529 264 per person for the above period.	
	Number of employees	Earnings - (Rands only)	Number	Earnings - (Rands only)	Number of employees	Earnings - (Rands only)	Number of employees	Earnings - (Rands only)
Mar								
Apr								
May								
Jun								
Jul								
Aug								
Sep								
Oct								
Nov								
Dec								
Jan								
Feb								
Total								
			FINAL EARNINGS PAID		ESTIMATED EARNINGS			
Total earnings of both employees and Directors/Members:								
Total cash value of free food and/or quarters. (if applicable) in Rands.								
GRAND TOTAL OF EARNINGS								
State in words the grand total of earnings:				State in words the grand total of earnings:				



SECTION C: Declaration of Oath

CF Registration number:99

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.

If an error is detected after submitting your return of earnings, you have 60 days from the date assessed to apply for the revision of assessment. The request must be forwarded to cfcallcentre@labour.gov.za or call 0860 105 350 for assistance.

Declaration by the Employer:

Name & Surname:

Designation/Capacity:

Signature:

Date:

Telephone No:

e-mail address:

Declaration by the Consultant

OR If using a service of a consultant (attach a Power of Attorney and complete)

Name & Surname:

Consultant's Company Name

Signature:

Date:

Telephone No:

e-mail address:

Registered Professional Body & Practise No.

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