



To be furnished by all employers to: THE COMPENSATION COMMISSIONER 955, Pretoria, 0001 Compensation House Cnr. Hamilton St. and Soutpansberg Road 0860 105 350 e-mail: cinfo@labour.gov.za website : www.labour.gov.za fax: (012) 323 5023

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

[Section 80 – Rules, forms and particulars of the Compensation Commissioner – Annexure 7]

REGISTRATION OF EMPLOYER

Table with 2 columns: Mark with X where applicable, Sole Proprietor (farmers included), Close Corporation, Company

Table with 2 columns: Partnership, Public/Local Authorities, Organisation/Association, Trust

For office use only. Includes a grid for barcoding and a table with NO, AA, CHECK, and ACTIVATE options.

PART 1 DATE, TRADING NAME AND ADDRESS

1.1 Date on which first employee was employed: (Item 1.1 must be completed) YYYY MM DD

1.2 Trading Name and Postal Address: Grid for address and postal code

IMPORTANT USE ONLY BLOCK LETTERS TO COMPLETE THIS FORM.

1.3 Physical address/name(s) of farm(s) Postal Code Magisterial district

PART 2 PARTICULARS OF OWNER

2.1 Name of owner/partnership Name(s) and Id number(s) of owner(s)/partnership of business: (Copy of Id Document must be attached)

2.2 Registered name of Company or Close Corporation Company or Close Corporation Number:

Copy of CK1/2 or Company Registration document (CM1 + CM29) must be attached.

2.3 If a limited liability company or a close corporation, state names, Id numbers and addresses of directors or members (Attach a list if necessary)

PART 3 PARTICULARS OF OPERATIONS

3.1 Describe the nature of goods manufactured / sold or services rendered:

3.2 Describe the following if applicable: 3.2.1 Materials used in the manufacturing of goods: 3.2.2 Nature and extent of construction / erection undertaken:

3.3 In the case of farming, indicate the nature thereof: Livestock farming Tillage Mixed farming: % Livestock % Tillage

3.4 Do you use any tractors and/or power – driven saws Yes No

Tel. No.: Dialling Code: No.: Contact person: Fax No.: Dialling Code: No.: Cell.: E-mail Address:

FOR OFFICE USE

ORIGINAL FORM MUST BE POSTED.

PART 4 RESPONSIBLE PERSON / DIRECTOR / MEMBER OR PARTNER OF BUSINESS

4.1 Surname: Initials:
 ID. No.: Capacity:
 Residential address: Postal Code:

4.2 If the business is already registered at one of the offices of the Department please indicate:
 Reg. No allocated by:

Compensation Commissioner	
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Unemployment Insurance Commissioner	
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 Registration number:

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4.3 If the business has changed ownership, furnish the following:
 4.3.1 Previous trading name of business/farm
 4.3.2 Name of previous owner
 4.3.3 Present residential address of previous owner Postal Code:
 4.3.4 Date of take-over

PART 5 PARTICULARS OF EMPLOYEES

5.1 Number of employees presently employed

5.2 Estimated particulars of your employees as from **the date furnished in item 1.1** (as indicated on p.1 of this form) up to the **end of February the next year**.
 5.2.1 Average number of employees expected to be employed during the above-mentioned period

5.2.2 Estimated total earnings up to a maximum of R201 984 per person per annum:
 (For the period 1 March 2007 - 29 February 2008)

RANDS ONLY	
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5.2.2.1 Total cash earnings of employees

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5.2.2.2 Total cash value of food and lodging provided free by employer

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5.2.2.3 Cash value of other in-kind benefits

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5.2.2.4 Earnings (see 5.2.2) of working Directors/members

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5.3 Total estimated earnings From: to

	00
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PART 6 ADDITIONAL INFORMATION IN RESPECT OF HEAD OFFICE AND/OR FILIALS / BRANCHES

6.1 Furnish the trading name and postal address of the Head Office and/or filials / branches and if already registered, the registration number allocated by the Unemployment Insurance Fund (UIF) and/or the Compensation Commissioner (CC).

6.2 **KINDLY FURNISH YOUR BANK DETAILS BY COMPLETING THE SECTION HEREUNDER. THE INFORMATION IS REQUIRED FOR THE PURPOSES OF AN ELECTRONIC TRANSFER SYSTEM. DIRECT DEPOSITS PREVENT POSTAL DELAYS AND CHEQUE FRAUD.**
 Bank: Branch Name: Branch Code:

Type of Account: Account number:

Name of Account Holder:

DECLARATION BY EMPLOYER OR AUTHORISED PERSON
 I certify that the above particulars are correct.

.....
 NAME (PRINTED) SIGNATURE DESIGNATION

CONTACT PERSON: TEL No: (.....)
 DATE