



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 NO and AA, and CHECK and ACTIVATE buttons.

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 name and address, followed by POSTAL CODE. Includes 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

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	Unemployment Insurance Commissioner
Registration number:		

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
5.2.2.1	Total cash earnings of employees	00
5.2.2.2	Total cash value of food and lodging provided free by employer	00
5.2.2.3	Cash value of other in-kind benefits	00
5.2.2.4	Earnings (see 5.2.2) of working Directors/members	00

5.3 Total estimated earnings From: to

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