



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: cfinfo@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, and categories: 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

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		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	<input type="text"/>	<input type="text"/>
5.2.2.2 Total cash value of food and lodging provided free by employer	<input type="text"/>	<input type="text"/>
5.2.2.3 Cash value of other in-kind benefits	<input type="text"/>	<input type="text"/>
5.2.2.4 Earnings (see 5.2.2) of working Directors/members	<input type="text"/>	<input type="text"/>

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 _____