

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 [Section 80 – Rules, forms and particulars of the Compensation Commissioner – Annexure 7]

To be furnished by all employers to:
THE COMPENSATION COMMISSIONER

☑ 955, Pretoria, 0001 Compensation House Cnr. Hamilton St. and Soutpansberg Road

Registration	of Emp	loyer
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Mark with X where applicable	Partnership	For off	fice use only	
Sole Proprietor (farmers included)	Public/Local Authorities			
Close Corporation	Organisation/Association			
Company	Trust	NO	AA	
		CHECK	ACTIVATE	
PART 1 DATE, TRADE NAME AN	ID ADDRESS			
1.1 Date on which first employee was employed: (Item 1.1 must be com		MM	DD	
1.2 Trading Name and Postal Address:		IVIIVI		
			O IMPORTANTO	
			● IMPORTANT● USE ONLY BLOCK	
			LETTERS TO COMPLETE THIS FORM	
POSTAL CODE				
1.3 Physical address / name(s) of farm(s)				
			Postal Code	
Magisterial district	Herebole .		1 3040	
PART 2 PARTICULARS OF OWN	ER			
2.1 Name of owner/partnership				
	of business/farm (Copy of ID Document must b			
attached)	of businessnarm (Copy of 1D Document must b	DE .		
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.				
			tach a list if passesson)	
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 OPER	PATIONS			
3.1 Describe the nature of goods manufacture				
3.2 Describe the following if applicable:				
3.2.1 Materials used in the manufacturi	ng of goods:			
3.2.2 Nature and extent of construction	/ erection undertaken:		A deministration of the control of t	
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 – dr			FOR OFFICE USE	
Tel. No.: Dialling Code: No.:	Contact person:			
Fax No.: Dialling Code: No.:	Cell.:			
F-mail Address				

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PART 4 RESPONSIBLE PERSON / DIRECTOR / MEMBER OR PARTNER OF BUSINESS Initials: 41 Surname ID. No.: Capacity: Residential address: Postal Code: 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: 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 Number of employees presently employed 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. 521 Average number of employees expected to be employed during the above-mentioned period 5.2.2 Estimated total earnings up to a maximum of R149 136 per person per annum: RANDS ONLY (For the period 1 March 2003 - 28 February 2004) 00 5.2.2.1 Total cash earnings of employees Total cash value of food and lodging provided free by employer 00 5.2.2.2 00 Cash value of other in-kind benefits 5.2.2.3 00 5.2.2.4 Earnings (see 5.2.2) of working Directors/members 00 Total estimated earnings From: PART 6 ADDITIONAL INFORMATION IN RESPECT OF HEAD OFFICE AND/OR FILIALS / BRANCHES 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). 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: (