



**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 R149 136 per person per annum:  
 (For the period 1 March 2003 – 28 February 2004)

	RAN\$ 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: \_\_\_\_\_

<b>DECLARATION BY EMPLOYER OR AUTHORISED PERSON</b>		
I certify that the above particulars are correct.		
NAME (PRINTED)	SIGNATURE	DESIGNATION
CONTACT PERSON: _____ TEL No: ( ) _____		