



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 and a table with NO, AA, CHECK, ACTIVATE.

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.

