

BARGAINING COUNCIL FOR THE FURNITURE MANUFACTURING INDUSTRY OF THE SOUTH WESTERN DISTRICTS

LR2/6/6/35

REGISTRATION AS AN EMPLOYER OR CHANGE OF BUSINESS INFORMATION

(Registering with the Bargaining Council for the Furniture Manufacturing Industry of the South Western Districts does not require an application fee)

<i>For office use only</i>			
AREA(S) OF SERVICE			
COMPANY NUMBER:			
ADMINISTRATIVE CLERK:			
1. EMPLOYER BUSINESS NAME			
(PTY) LTD / CC / CO-OP / TRUST / SOLE PROP <i>(Circle that which is applicable)</i>		REG. NO.	
TRADING AS BUSINESS NAME			
2. STATE WHETHER EMPLOYER IS THE: - <i>(Circle that which is applicable)</i>		MAIN CONTRACTOR / SUBCONTRACTOR / LABOURBROKER / WORK PROVIDER	
3. PHYSICAL ADDRESS		4. POSTAL ADDRESS	
POSTAL CODE		POSTAL CODE	
5. ADDRESS WHERE THE BUSINESS TRADES:			
6. CONTACT PERSON		POSITION IN BUSINESS	
MOBILE PHONE		BUSINESS FAX	
BUSINESS PHONE		WEB ADDRESS	
BUSINESS E-MAIL		VAT NO.	
DATE WHEN BUSINESS FIRST COMMENCED			

7. FULL NAMES & HOME ADDRESSES OF DIRECTORS / MEMBERS / TRUSTEES / PARTNERS / OWNERS (if more to add please add on a separate paper and mark as an addendum to point 7.)							
a)				ID NUMBER			
HOME ADDRESS				PHONE NO.			
b)				ID NUMBER			
HOME ADDRESS				PHONE NO.			
8. TOTAL NUMBER OF EMPLOYEES (Please complete Addendum "A" with employee information)					9. EMPLOYER USING SUB-CONTRACTORS AND/OR LABOUR BROKER		
					YES		NO
10. MEMBER OF AN EMPLOYER ORGANISATION?					YES		NO
IF YES, PLEASE SPECIFY (e.g., GREA)							
11. REGISTERED WITH ANOTHER BARGAINING COUNCIL? (Please specify.)							
12. PROOF OF REGISTRATION: THE EMPLOYER WARRANTS THAT THEIR BUSINESS IS REGISTERED WITH THE FOLLOWING STATUTORY BODIES, OR IF NOT, WARRANTS THAT AN APPLICATION HAS BEEN MADE FOR REGISTRATION.							
a) Insured under the Compensation for Occupational Injuries & Diseases Act (COIDA, previously known as Workmen's Compensation Act)					YES		NO
b) The Unemployment Insurance Contributions Act (UIF)					YES		NO
c) Registered with SA Revenue Service under the P.A.Y.E. System (SARS)					YES		NO
13. SUPPLY NAME & CONTACT NO. OF THE MAIN CONTRACTOR / SUB-CONTRACTOR / LABOUR BROKER / WORK PROVIDER (If Applicable).							

14. SIGNED AT	ON THIS	DAY OF	20
(Place)	(Day)	(Month)	(Year)

SINED HERE BELOW BY ALL AUTHORIZED SIGNATORIES OF THE BUSINESS

NAME & SURNAME	CAPACITY: DIRECTOR / MEMBER/ TRUSTEE / PARTNER / OWNER	SIGNATURE

ATTACH COPIES OF IDENTITY DOCUMENTS AND COPY OF THE COMPANY REGISTRATION DOCUMENT WITH CIPC, CO-OPERATIVE OR TRUST CERTIFICATE OR PARTNERSHIP AGREEMENT

FOR OFFICE:

DESIGNATED AGENT:
DATE:

SIGNATURE:
