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GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

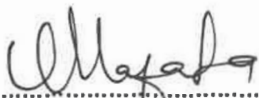
DEPARTMENT OF LABOUR**NO. 1385****14 DECEMBER 2018****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
(ACT 130 OF 1993)****AUDIT OF RETURN OF EARNINGS**

Be pleased to take notice that Compensation Fund may select and subject the employer's Return of Earnings to audit as set out in this Notice

If an employer's Return of Earning (ROE) assessment was referred for audit due to the following reasons:

- Credit assessment or / and
- Considerable decrease in the amount of Return of Earnings (ROE) declared from prior years, the following supporting documents will be required to finalise an audit:
 - Affidavit (Reason for variance / Credit assessment)
 - Audited or Independently Reviewed Annual Financial Statements
 - Detailed Payroll Report
 - SARS EMP 501/ Tax Clearance
 - Manual Return of Earnings
 - Power of Attorney (Consultants, Attorney or any person appointed by an employer)

NB: If required information above is not received within 21 calendar days of the date hereof, an assessment based on estimation will be made. Such an assessment shall be final and not subject to adjustment.



.....
Compensation Fund Commissioner

Vuyo Mafata

Date: 2018/12/04

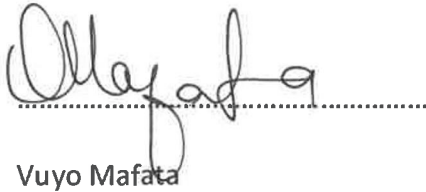
DEPARTMENT OF LABOUR

NO. 1386

14 DECEMBER 2018

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**(ACT 130 OF 1993)****EMPLOYER REGISTRATION FORM**

I, Vuyo Mafata, in my capacity as Compensation Commissioner and acting in terms of section 6A(a)(b), hereby publishes the attached prescribed Employer Registration Form for the purpose of section 80 of the above named Act.


Vuyo Mafata

Compensation Fund Commissioner

Date: 2018/12/04



Department of
Labour
REPUBLIC OF SOUTH AFRICA

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 www.legislation.gov.uk/ukpga/1993/42/section/80
ACT No. 130 OF 1993, (Section 80 - Rules, forms and particulars of the Compensation Commissioner - Annexure 7)
REGISTRATION OF EMPLOYER

To be completed by all employers
THE COMPENSATION COMMISSIONER
 P O Box 955, Pretoria, 0001
 Compensation House
 167 Thabo Sehume Street, Delta Heights
 Building, Pretoria 0001
 Enquiries: 0860 105 350
 Fax: (012) 357 1772
 e-mail: clinfo@labour.gov.za
www.labour.gov.za

Mark with X where applicable	
Close Corporation	
Company	
Trust	
Organisation/Association	

Sole Proprietor(including Farmers)	
Partners	
Public/Local Authorities	
Other	

For office use only											
BP Number											
CA Number											

1.1	Date on which first employee was employed: (Item 1.1 must be completed)	YYYY	MM	DD
-----	--	------	----	----

										<p>● IMPORTANT</p> <p>USE ONLY BLOCK LETTERS TO COMPLETE THIS FORM.</p>									
POSTAL CODE																			

● IMPORTANT ●
USE ONLY BLOCK
LETTERS TO COMPLETE
THIS FORM.

Code: _____

Contact details	Tel:	Contact Person:
Fax:		Cell:
Email:		

FOR OFFICE USE

2.1 Name of owner / partners / trustees

2.1.1.Name(s) and ID number(s) of owner(s)/ partners of business / farming / trust:
N.B. COPY OF ID DOCUMENT(S) MUST BE ATTACHED

2.2 Registered name of company or close corporation

Company or Close Corporation no. with DTI:

NB: COPY OF CIPC DOCUMENTS, TRUST DOCUMENT OR NPO CERTIFICATE MUST BE ATTACHED.

3.1 Detailed description of the nature of business-, farming activities OR goods manufactured or 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, extent and type of construction / erection undertaken:

Yes		No	
-----	--	----	--

4.1 Surname: _____ Initials: _____

[illegible]

Residential address: _____
Postal Code _____ Telephone: _____

4.2 If the business is already registered at one of the offices of the Department of Labour indicate:

Reg. no allocated by:	Compensation Fund		Unemployment Insurance Fund	
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

4.3.4 Date of take-over

5.1 Estimated earnings of employees to be furnished as from the date furnished in item 1.1 up to end of February the next year

5.1.1 Number of employees presently employed _____

5.1.2 Average number of employees expected to be employed during the above-mentioned period

5.2 **Estimated earnings expected to be paid to employees up to a maximum of R 430 944 per person per annum for the period (01 March 2018 to 28 February 2019):**

5.2.1 Total **estimated** earnings of employees

5.2.2 Total **estimated** cash value of food and lodging provided free by employer

5.2.3 Estimated cash value of other in-kind benefits

5.2.4 Estimated earnings of working directors of a Co or working members of a CC
Refer to item 5.2 i.r.o. maximum earnings

Provide the estimated earnings of items 5.2.1 to 5.2.4 and give the total under 5.3:

5.3 Total estimated earnings from: _____ **to:** _____

6.1 Furnish the trading name and postal address of the Head Office and/or affiliates / branches and if already registered, the registration number allocated by the Unemployment Insurance Fund (UIF) and/or the Compensation Fund (CF).

6.2 Kindly furnish your bank details by completing the section below. This information is required for the purpose of a direct electronic deposit to your bank account IF applicable. Direct deposits prevent postal delays and cheque fraud.

Bank: _____ Branch Name: _____ Branch Code:

--	--	--	--	--	--

Type of Account: _____ Account number: _____

Name of Account Holder: _____

I certify that the above particulars are correct.

NAME (PRINTED)

SIGNATURE

POSITION/CAPACITY

CONTACT PERSON:

TEL NO: ()
CELL NO

DATE _____

DEPARTMENT OF LABOUR

NO. 1387

14 DECEMBER 2018

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT 130 OF 1993)**APPLICATION FOR CHANGE OF NATURE OF BUSINESS**

The business is classified according to the nature of industry the employer is currently engaged on.

Requirements for the change of subclass and nature of business activities are:

Affidavit indicating the following:

1. Detailed description of the nature of business activities.
2. Duties of employees.
3. Any other information which will contribute to the appropriate classification of the business activities.

Documents required depending on the type of business are as follows:

1. Proof of registration certificate with CIPC in respect of business entity, close corporation or company.
2. Letter of authority (J246) in respect of the trust.
3. Proof of registration certificate with Department of Social Development in respect of Non Profit Organizations
4. Certified copies of Director's ID in respect of Companies

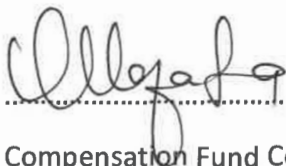
5. Certified Copies of ID of Members in respect of a Close Corporation
6. Certified copy of ID in respect of a Sole Owner
7. A proof of SARS registration
8. Proof of SARS Tax Clearance Certificate

Affidavit must be signed in front of the Commissioner of Oath by the owner, trustee or director (as listed on CIPC document/letter of authority, copy of which must be attached) of the business.

Affidavit must not be commissioned by any employee of the business entity. It must be commissioned by either by a practicing attorney or a police officer or any officer designated as the Commissioner of Oaths by the Minister of Justice.

The turnaround time will be 21 working days from the receipt of all required documents. The Department of Labour (Compensation Fund) reserves the right to conduct an inspection to confirm the accuracy of the nature of business.

The change in business activities and re-classification of business entity will be effective from the date of receipt of request by the Compensation Fund.


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Compensation Fund Commissioner

Vuyo Mafata

Date: 2018/12/03

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