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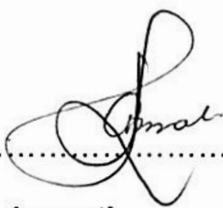
GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 132 OF 2021

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
(ACT 130 OF 1993 as amended by Act 61 of 1997)****NOTICE ON THE APPLICATION FOR THE REVISION OF THE ASSESSMENT IN
TERMS OF SECTION 83 OF THE COMPENSATION FOR OCCUPATIONAL
INJURIES AND DISEASE ACT AS AMENDED.**

I, Thobile Lamati, in my capacity as the Director-General of the Department of Employment and Labour and acting in terms of Section 4 (1) (I), hereby publish the CF-2B Application for the Revision of the Assessment Form and that the application for the revision of the assessment by the employers must be submitted within 60 days of the invoice date in terms of Section 83 of the stated Act.


.....**T. Lamati****Director-General: Employment and Labour****Date:** 10/03/2021



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CF-2B: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993

APPLICATION FOR THE REVISION OF THE ASSESSMENT

Section A – Applicant's details

Name of Employer	<input type="text"/>
CF Registration No	<input type="text" value="9"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
UIF Registration No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CIPC Registration No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SARS Tax No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business Address	<input type="text"/>
City/Town	<input type="text"/>
Province	<input type="text"/>
Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer's email address	<input type="text"/>
Consultant's email address	<input type="text"/>
Consultant's Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section B – Reasons for a Variance

Name of Employer	<input type="text"/>
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Provide all information in details and reasons for a variance





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NB. If the space is not sufficient, please capture the information on the company's letter head or an affidavit.

Section C – Furnish the following documents

Supporting documents	Please tick		Office use only	
	Yes	No	Yes	No
1. SARS EMP 501				
2. Audited/Independently Reviewed/Compiled Annual Financial Statements				
3. A Detailed Payroll Report (1 March to 28/29 February)				
4. UIF Registration No. (Complete it on Section A)				
5. Power of Attorney (Commissioner of Oath), if using the service of the consultant				

NB. Failure to submit all required supporting documents will result in the Application for the Revision of the Assessment being rejected. An Application for the Revision of the Assessment must be submitted within 60 days of the invoice date.

I confirm that the information given in this form is true, complete and accurate:

Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.

Signature:	
Name and Surname:	
Date:	
Capacity:	



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