Confirmation of Employer Registration Details Form

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (Act 130 of 1993)

(To be completed in BLOCK CAPITALS using black ink only – No erasures, whiteouts, or photocopies allowed)

Please use black ink only make no erasures, whiteouts, photocopies

Section A: Employer Information (All Employer Types)

(please complete in Block Capitals)

1. Employer Type (Select one and complete the relevant fields)

- ☐ Company (Pty Ltd, Ltd)
- ☐ Individual (Sole Proprietor)
- ☐ Partnership
- ☐ Non-Profit Organisation (NPO)
- ☐ Domestic Worker Employer
- ☐ Trust
- ☐ Joint Venture
- ☐ Body Corporate
- ☐ Public Entity (Municipality, School, etc.)

Other (Specify):

2. Employer Identification Details (All Employer Types)

Employer Name (Legal Entity or Personal Name):

Trading Name (if applicable):

CF Registration Number:

CIPC/NPO/Trust/Sectional Title/JV Agreement Number (if applicable):

UIF Registration Number:

SARS Tax Number (where applicable):

Professional Body (if applicable):

Membership Number:

3. Contact Information (All Employer Types)

Business Telephone Number: Mobile Number:

Employer Email Address:

4. Physical Address (All Employer Types)

Street Address:

City/Town:

Province: Postal Code:

5. Postal Address (if different from physical address)

- Postal Address:
- City/Town:

Province: Postal Code:

6. Representative Details (Person Completing the Form)

Name & Surname:

Designation/Capacity:

Contact Number:

Email Address:

employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund
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7. Third-Party/Consultant Details (if applicable)

Consultant/Third-Party Name:

Company Name: Contact Number:

Email Address:

Relationship to Employer:

Signed Mandate Attached: Yes No (If no, employer must submit before processing)

Section B: Nature of Business

(please complete in Block Capitals)

Sub-Class Code:

Detailed Nature of Business:

Date First Employee Employed: Y Y Y Y M M D D

Total Number of Employees (current year):

Section C: Supporting Documents Checklist (All Employer Types)

(please complete in Block Capitals)

Document Required	Applies To	Submitted (Yes/No)
CIPC/NPO/Trust Deed/Partnership Agreement/Joint Venture Agreement/Body Corporate Certificate	*Companies, NPOs, Trusts, Partnerships, Joint Ventures, Body Corporates*	Yes No
ID Copies of Directors/Partners/Trustees/Members	*Companies, NPOs, Trusts, Partnerships, Joint Ventures, Body Corporates*	Yes No
ID Copy of Employer (for Domestic Worker Employers)	*Domestic Worker Employers*	Yes No
ID Copy of Employee (for Domestic Worker Employers)	*Domestic Worker Employers*	Yes No
Proof of Business Address	*All Employer Types*	Yes No
Photos of Business Operations (Minimum of 4)	*All Employer Types except Domestic Workers*	Yes No
Professional Body Membership Certificate (if applicable)	*Regulated Professions*	Yes No
Valid Tax PIN	*Companies and Trusts (where applicable)*	Yes No
Consultant Mandate	*If Consultant Used*	Yes No

Section D – Declaration

(please complete in Block Capitals)

I, the undersigned, hereby declare that:

- ***All information provided in this form is true, accurate, and complete.***
- ***I understand that any misrepresentation, omission, or falsification of information may result in legal action by the Compensation Commissioner.***
- ***I consent to the Compensation Fund processing my personal information in line with COIDA and POPIA requirements.***

Employer Representative/Delegated Official/Employer

Signature:

Name and Surname:

Date: Y Y Y Y M M D D ***Capacity:***

Consultant/Third Party

Signature:

Name and Surname:

Date: Y Y Y Y M M D D ***Capacity:***