



# Labour

Department  
Labour

REPUBLIC OF SOUTH AFRICA

## COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

ACT No. 130 OF 1993, (Section 80 - Rules, forms and particulars of the Compensation Commissioner - Annexure 7)

To be completed by all employers  
**THE COMPENSATION COMMISSIONER**  
P O Box 955, Pretoria, 0001  
Delta Heights Building  
167 Thabo Sehume Street, Pretoria  
Enquiries: 0860 105350  
e-mail: cinfo@labour.gov.za  
website: www.labour.gov.za

### REGISTRATION OF EMPLOYER

| Mark with X where applicable |                          |
|------------------------------|--------------------------|
| Close Corporation            | <input type="checkbox"/> |
| Company                      | <input type="checkbox"/> |
| Trust                        | <input type="checkbox"/> |
| Organisation/Association     | <input type="checkbox"/> |

|                                    |                          |
|------------------------------------|--------------------------|
| Sole Proprietor(Including Farmers) | <input type="checkbox"/> |
| Partners                           | <input type="checkbox"/> |
| Public/Local Authorities           | <input type="checkbox"/> |
| Other                              | <input type="checkbox"/> |

**For office use only**

|       |          |
|-------|----------|
| NO    | AA       |
| CHECK | ACTIVATE |

**N.B. ALL ITEMS MUST BE COMPLETED (Guidelines available on website)  
THE DOCUMENT MUST BE SIGNED AND DATED**

#### PART 1 PARTICULARS OF BUSINESS / FARMING / ORGANISATION / TRUST

1.1 Date on which first employee was employed:      YYYY        MM        DD

1.2 Trading name and postal address of business/ farming/ organisation / trust:

|  |
|--|
|  |
|  |
|  |
|  |
|  |

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

1.3 Physical address / name(s) of farm(s)

Postal Code

Magisterial district

Tel. No.:    Dialling Code:     No.:     Contact

Fax No.:    Dialling Code:     No.:     Cell.

E-mail Address:

**FOR OFFICE USE**

#### PART 2 PARTICULARS OF OWNER/ CLOSE CORPORATION/COMPANY/TRUST

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

|        |  |  |  |
|--------|--|--|--|
| Tax no | <input style="width: 95%;" type="text"/> | Company or Close Corporation no. with DTI: | <input style="width: 95%;" type="text"/> |
|--------|--|--|--|

**NB: COPY OF CK1/2 ,CM1 + CM29, TRUST DOCUMENT OR NPO CERTIFICATE MUST BE ATTACHED.**

#### PART 3 PARTICULARS OF THE NATURE OF BUSINESS-, FARMING OPERATIONS, ACTIVITIES OR TYPE OF ORGANISATION

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:

3.3 In case of farming, indicate the nature thereof:

|                   |                          |         |                          |                            |                      |           |                      |
|-------------------|--------------------------|---------|--------------------------|----------------------------|----------------------|-----------|----------------------|
| Livestock farming | <input type="checkbox"/> | Tillage | <input type="checkbox"/> | Mixed farming: % Livestock | <input type="text"/> | % Tillage | <input type="text"/> |
|-------------------|--------------------------|---------|--------------------------|----------------------------|----------------------|-----------|----------------------|

3.4 Do you use any tractors and/or power – driven saws

Yes

No

**PART 4 PARTICULARS OF RESPONSIBLE PERSON / DIRECTOR / MEMBER OR PARTNER OF BUSINESS / FARMING**

4.1 Surname:  Initials:

ID. No.:  Position/Capacity:

Residential address:  Postal Code:

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

Reg. no allocated by:  Compensation Commissioner  Unemployment Insurance Commissioner   
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  
 Postal Code

4.3.4 Date of take-over

**PART 5 PARTICULARS OF EMPLOYEES - To be completed ONLY if the first employee was employed during the period 1 March to 28 Feb**

5.1 Estimated particulars of employees to be furnished below. Please do not complete Part 5 if the first employee was employed before the 1 March of the current year. Return of Earnings, WA.s.8, will be sent to you to be completed and submitted within 21 days.

5.1.1 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 per person per annum during the above-mentioned period Or any in between period:  RANDS ONLY

5.2.1 Total estimated cash earnings of employees  00

5.2.2 Total estimated cash value of food and lodging provided free by employer  00

5.2.3 Estimated cash value of other in-kind benefits  00

5.2.4 Estimated earnings of working directors of a Co or working members of a CC  00  
Refer to item 5.2 in respect of 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   00

**PART 6 ADDITIONAL INFORMATION IN RESPECT OF HEAD OFFICE AND/OR FILIALS / BRANCHES**

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

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:

**DECLARATION BY EMPLOYER OR AUTHORISED PERSON**

I certify that the above particulars are correct.

NAME (PRINTED)

\_\_\_\_\_  
SIGNATURE

POSITION/CAPACITY

CONTACT PERSON:

TEL NO:   
CELL NO

DATE