



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

CF Registration No

UIF Registration No

CIPC Registration No SARS

Tax No

Business Address

City/Town

Province

Code

Employer Telephone No

Mobile Phone No

Employer's email address

Consultant's email address

Consultant's Telephone No

Section B - Reason for a Variance

Name of Employer

Provide all information in details and reason for a variance



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:	