

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

4.1 Surname: _____ Initials: _____

ID. No.:

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 Position/Capacity: _____

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 _____
Postal Code _____

4.3.4 Date of take-over _____

PART 5 N.B. PARTICULARS OF EMPLOYEES MUST BE COMPLETED

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 _____

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

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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):

	RANDS ONLY
5.2.1 Total estimated 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 Refer to item 5.2 i.r.o. maximum earnings	00
Provide the estimated earnings of items 5.2.1 to 5.2.4 and give the total under 5.3:	00

5.3 Total estimated earnings from: _____ to: _____

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 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:

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Type of Account: _____ Account number:

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Name of Account Holder: _____

PART 7 DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I certify that the above particulars are correct.

NAME (PRINTED)	SIGNATURE	POSITION/CAPACITY
CONTACT PERSON: _____	TEL NO: (_____) _____	DATE _____
	CELL NO _____	