DEPT OF LABOUR
HEAD LABOUR
31 -07- 2018
PIN
DEPT OF LABOUR

labour

Department
Labour
REPUBLIC OF SOUTH AFICA

To be furnished by all employers to:
THE COMPENSATION COMMISSIONER
P/Bag X 955, Pretoria, 0001
Compensation House
Cnr. Hamilton St. and Soutpansberg Road
☎ 0860 105 350
e-mail: cfinfo@labour.gov.za
website : www.labour.gov.za
fax: (012) 357 1773

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
[Section 80 – Rules, forms and particulars of the Compensation Commissioner – Annexure 7]

REGISTRATION OF EMPLOYER

Mark with X where applicable	
Sole Proprietor (farmers included)	
Close Corporation	
Company	

Partnership	
Public/Local Authorities	
Organisation/Association	
Trust	

For office use only

NO	AA
CHECK	ACTIVATE

PART 1 DATE, TRADING NAME AND ADDRESS

1.1 **Date on which first employee was employed: (Item 1.1 must be completed)** YYYY 2018 MM 03 DD 01

1.2 Trading Name and Postal Address:

UNITED TROLLEY SERVICES
P O BOX 2049
HILLCREST - KZN
3650 POSTAL CODE

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

1.3 Physical address/name(s) of farm(s) UNIT 51 ACACIA BUS. PARK
73 NGUNI WAY · WATERFALL KZN Postal Code 3650

Magisterial district

PART 2 PARTICULARS OF OWNER,

2.1 Name of owner/partnership ANDRE DE GRANDI CORREIA VIEIRA

Name(s) and Id number(s) of owner(s)/partnership of business: (N.B. Copy of Id Document must be attached)) 8107055255181

2.2 Registered name of Company ~~or Close Corporation~~ UNITED TROLLEY SERVICES (PTY) LTD

Company or Close Corporation Number: 2017/005722/07

N.B. Copy of CK1/2 or Company Registration document (CM1 + CM29) must be attached.

2.3 If a limited liability company or a close corporation, state names, Id numbers and addresses of directors ~~or members~~ (Attach a list if necessary)
A. de G. C. VIEIRA ID 8107055255181

PART 3 PARTICULARS OF OPERATIONS

3.1 Describe the nature of goods manufactured / sold or services rendered: LABOUR BROKER - TROLLEY SERVICES
TROLLEY PORTERING - ENSURING GAME SPARS HAVE TROLLEYS INSIDE AT ALL TIMES

3.2 Describe the following if applicable:

3.2.1 Materials used in the manufacturing of goods: N/A

3.2.2 Nature and extent of construction / erection undertaken: N/A

3.3 In the case of farming, indicate the nature thereof: Livestock farming | Tillage | Mixed farming: % Livestock | % Tillage

3.4 Do you use any tractors and/or power – driven saws Yes | No

Tel. No.: Dialling Code: 031 No.: 765 7777 Contact person: ANDRÉ VIEIRA

Fax No.: Dialling Code: No.: Cell.: 072 714 7129

E-mail Address: andre@professionalpro.co.za

ORIGINAL FORM MUST BE POSTED.

FOR OFFICE USE

W.As. 2 COMPLETE BOTH SIDES

DEPT OF LABOUR
HEAD LABOUR CENTRE
31-07-2018
PINETOWN
DEPT OF LABOUR

PART 4 RESPONSIBLE PERSON / DIRECTOR / ~~MEMBER OR PARTNER OF BUSINESS~~

4.1 Surname: VIEIRA Initials: A dGC

ID. No.: 8107055255181 Capacity: DIRECTOR

Residential address: Postal Code:

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

Reg. No allocated by:	Compensation Commissioner		Unemployment Insurance Commissioner	X
Registration number:				

4.3 If the business has changed ownership, furnish the following:

4.3.1 Previous trading name of business/farm N/A

4.3.2 Name of previous owner DIRECTOR - S. A. GOVENDER

4.3.3 Present residential address of previous owner 8 SHERWOOD PARK · 115 FORTY FIFTH AVE SHERWOOD - DURBAN Postal Code 4091

4.3.4 Date of take-over

PART 5 PARTICULARS OF EMPLOYEES

5.1 Number of employees presently employed 200

5.2 Estimated particulars of your employees as from **the date furnished in item 1.1** (as indicated on p.1 of this form) up to the **end of February the next year.**

		RANDS ONLY	
5.2.1	Average number of employees expected to be employed during the above-mentioned period	200	
5.2.2	Estimated total earnings up to a maximum of R 292 032 per person per annum: (For the period 1 March 2012 - 28 February 2013)		
5.2.2.1	Total cash earnings of employees	520 000	00
5.2.2.2	Total cash value of food and lodging provided free by employer		00
5.2.2.3	Cash value of other in-kind benefits		00
5.2.2.4	Earnings (see 5.2.2) of working Directors/members	20000	00
5.3	Total estimated earnings From: MARCH 2018 to FEB 2019	540 000	00

5.4 NB: IF DATE ON 1.1 IS BEFORE 1ST MARCH 2012 PLEASE COMPLETE PREVIOUS YEARS RETURNS

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 filials / branches and if already registered, the registration number allocated by the Unemployment Insurance Fund (UIF) and/or the Compensation Commissioner (CC).

N/A

6.2 KINDLY FURNISH YOUR BANK DETAILS BY COMPLETING THE SECTION HEREUNDER. THE INFORMATION IS REQUIRED FOR THE PURPOSES OF AN ELECTRONIC TRANSFER SYSTEM. DIRECT DEPOSITS PREVENT POSTAL DELAYS AND CHEQUE FRAUD.

Bank: FNB Branch Name: HILLCREST Branch Code: 250655

Type of Account: CHEQUE Account number: 62666946474

Name of Account Holder: UNITED TROLLEY SERVICES

DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I certify that the above particulars are correct.

ANDRE VIEIRA (NAME (PRINTED)) (SIGNATURE) OWNER / DIRECTOR (DESIGNATION)

CONTACT PERSON: SENNA VIEIRA TEL NO: (031) 765-7777 31/07/2018 (DATE)

04 JUNE 2018

UNITED TROLLEY SERVICE
PO BOX 2049
HILLCREST, DURBAN
3650

Enquiries: AMITH HARIPERSAD
Direct tel. no. : 031 366 2150
Fax no.: 086 621 0758

Dear Sir/Madam

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
Re: APPLICATION FOR REGISTRATION

I refer to the enclosed completed registration form, W.As 2, received in this Office.
Kindly furnish me with the outstanding information as indicated below.

☐ Attach copy of the **CK 1/2** of the close corporation or **CM1 + CM29** of the company or the **trust documents**

☐ Attach copies of the **ID document** of the sole owner/partners/responsible **trustee** /responsible person.

☐ Kindly complete the enclosed form where indicated with an **X.**

☐ Kindly complete the attached ***second page*** of the registration form fully

☐ The nature of industries to which the labourers are hired out

☒ Explain in full details the nature of the business & the duties of the employees part 3.1

NB: Please return the requested documents & information with the fully completed form

Yours faithfully
MR A.HARIPERSAD
PP/COMPENSATION COMMISSIONER

DEPT. OF LABOUR
PROVINCIAL OFFICE
2018 -06- 04
P.O. BOX 940
DURBAN 4000