



**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: \_\_\_\_\_

4.2 If the business is already registered at one of the offices of the Department of Labour indicate:  
 Reg. no allocated by: 

<b>Compensation Commissioner</b>	
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<b>Unemployment Insurance Commissioner</b>	
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 Registration number: 

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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 2007 to 28 Feb 2008**

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 the current year. Return of Earnings, WA.s.8, will be posted 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 

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5.2 **Estimated earnings expected** to be paid to employees **up to a maximum of R 261 893** per person per annum during the **above-mentioned period Or any in between period :**

<b>RANDS ONLY</b>	
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5.2.1 Total **estimated** cash earnings of employees \_\_\_\_\_ 

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5.2.2 Total **estimated** cash value of food and lodging provided free by employer \_\_\_\_\_ 

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5.2.3 **Estimated** cash value of other in-kind benefits \_\_\_\_\_ 

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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 

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**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 \_\_\_\_\_ 

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**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: 

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 Type of Account: \_\_\_\_\_ Account number: 

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 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 _____