

REGISTRATION AS AN EMPLOYER / CONTRACTOR IN THE ELECTRICAL INDUSTRY

FIRM CODE: _____ (office use only)

REGISTRATION DETAILS:

Commencement date of business _____ Date of registration with the NBCEI _____
(start date)

EMPLOYER BUSINESS NAME: _____

TRADING AS BUSINESS NAME: _____

COMPANY REGISTRATION NO.: _____

PLEASE MARK WITH A CROSS IN THE APPROPRIATE BLOCK AND GIVE THE RELEVANT DETAILS

	YES	NO
TEMPORARY EMPLOYMENT SERVICE (LABOUR BROKER)	<input type="checkbox"/>	<input type="checkbox"/>
SOLE PROPRIETOR <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	COMPANY <input type="checkbox"/>
		CLOSE CORPORATION <input type="checkbox"/>

FICA DOCUMENTATION REQUIRED:

In terms of the **Financial Intelligence Centre Act 38 of 2001 (FICA)** and the **Financial Sector Conduct Authority (FSCA)**, certain documentation and information is / are required. **The information / documentation supplied will only be used as contemplated in terms of these Acts.**

1. All forms are to be completed and signed by the:-
Director(s) / Member(s) / Trustee(s) / Partners or Sole Proprietor of the business.
 - Should the form be completed / signed by any other person other than the above, the Director(s) / Member(s) / Trustee(s) / Partners or Sole Proprietor of the business must issue a letter authorising the person to sign on behalf of the company. The ID document of this person must also be submitted.
2. Certified Identity document/s of the Director(s) / Member(s) / Trustee(s) / Partners or Sole Proprietor of the business must be attached with the completed documents. **PLEASE NOTE THAT SHOULD YOU BE SUBMITTING A COPY OF THE SMARTCARD ID, BOTH SIDES ARE TO BE COPIED.**
3. If registered as a Company / Close Corporation / Trust, the relevant registration documents, certificates as well as the Memorandum of Incorporation must be attached.
4. In the event the business changes their name or changes from a Close Corporation to a Company, the Certificate of Name Change must be attached.
5. Proof of physical and residential address to be attached.
6. Proof of company banking details i.e. bank confirmation letter to be attached.
7. SARS issued document confirming Income Tax and VAT registration numbers.
8. Letter from Auditors confirming shareholding, if applicable

All of the above documentation may not be older than three (3) months.

Annual updates and changes to Personal and or Company information

The employer shall be responsible to immediately provide to the Council (inclusive of the applicable supporting documentation), any changes to personal, personnel and or company information.

In addition, the employer shall be responsible to provide an annual update in January of each year, all company, personal and personnel information, as required by the Council, to ensure its records are accurate and up to date in compliance with legislative requirements.

COMPANY CONTACT DETAILS:

Business Tel No: _____
Cell No: _____
Alt Cell No.: _____
E mail address _____

Physical Address: _____

_____ Code

Postal Address: _____

_____ Code

PROTECTION OF PERSONAL INFORMATION ACT (POPIA) PRIVACY NOTICE:

The Council respects the confidentiality of your personal information as well as your privacy. The information provided to the Council is strictly confidential and will only be used for its intended purpose to fulfil its legal obligations.

The Council will only process and share your and your employees' personal information for lawful purposes, required in the execution of its legal duties to administer and enforce its collective agreements, in conjunction with the Labour Relations Act, the Pension Funds Act and the Financial Intelligence Centre Act (FICA).

COMPANY BANKING DETAILS:

Bank: _____ Branch Code: _____
Account Name: _____
Account Number: _____ Type of account: _____

I declare that I am registered with the following institutions **AND** attach proof thereof:

- a) SARS Reg No: _____
VAT Reg No: (if applicable) _____
UIF Reg No _____
COIDA Reg No _____
Registration as an Electrical Contractor (D.O.L) _____
Registered Person _____ Licence No _____
(A registered person is an Electrical Tester for Single Phase, installation Electrician or Master Electrician)

- b) I am/am not currently registered with the above mentioned institutions, but undertake to register within 30 days
- c) If I fail to register with the above institutions, the Council may forward my information to all relevant institutions.

Authorised Signatory _____ Date: _____

DIRECTOR / MEMBER / EMPLOYER DETAILS: (please cross out what is not applicable)

Name: _____ Id No: _____

Residential Address _____

Tel No _____ Cell No: _____

Name: _____ Id No: _____

Residential Address _____

Tel No _____ Cell No: _____

Name: _____ Id No: _____

Residential Address _____

Tel No _____ Cell No: _____

Name: _____ Id No: _____

Residential Address _____

Tel No _____ Cell No: _____

BENEFIT FUNDS APPLICABLE

PLEASE MARK THE APPROPRIATE BLOCK

PENSION FUND

*RISK COVER ONLY

Please attach copies of the fixed term contracts

LEVIES:

COUNCIL LEVIES

ECA LEVIES

Please attach proof of membership

CBL – E/ER

Applicable to NON-ECA Employers

CBL LEVIES – E/EE

Applicable to NON-SAEWA Employees

SAEWA MEMBERSHIP FEES

Applicable to SAEWA members only

SICK BENEFIT FUND

Bank confirmation letter to be attached

All or any of the above-mentioned funds to which an agent has deemed the employer and / or his employees liable for payment shall be submitted to the Council by not later than the 15th day of the month following the month for which contributions are due.

*Footnote: Please familiarise yourself with Clause 30 of the Council's Main Collective Agreement, which governs a fixed term contract of employment's terms and conditions.

IDENTIFICATION OF THE PERSON(S) RESPONSIBLE FOR PAYING CONTRIBUTIONS (PENSION AND OR PROVIDENT FUND) TO THE COUNCIL MONTHLY

Section 13A of the Pensions Fund Act 24 of 1956 (the Act) attaches personal liability to all persons responsible for non-payment of Pension and or Provident Fund contributions.

The following persons shall be personally liable for the payments of contributions –

- If employer is a company, then every director who is regularly involved in the management of the company's overall financial affairs.
- If employer is a closed corporation, then every member who controls or is regularly involved in the management of the close corporation's overall financial affairs.
- In respect of any other employer of any legal status or description, every person in accordance with whose directions or instructions the governing body or structure of the employer acts or who controls or who is or who controls or who is regularly involved in the management of the employer's overall financial affairs.

In the event that an employer has failed to identify those who are personally responsible, all the directors/members/sole proprietor/partners will be personally liable.

RESPONSIBLE PERSON ONE (1)

Name of Responsible person: _____

Identity number: _____ Capacity: _____

Signature of Responsible Person: _____ Date: _____

RESPONSIBLE PERSON TWO (2) – IF APPLICABLE

Name of Responsible person: _____

Identity number: _____ Capacity: _____

Signature of Responsible Person: _____ Date: _____

RESPONSIBLE PERSON THREE (3) – IF APPLICABLE

Name of Responsible person: _____

Identity number: _____ Capacity: _____

Signature of Responsible Person: _____ Date: _____

RESPONSIBLE PERSON FOUR (4) – IF APPLICABLE

Name of Responsible person: _____

Identity number: _____ Capacity: _____

Signature of Responsible Person: _____ Date: _____

AGENTS INSPECTION

Registration is effected in terms of the Councils Main Collective Agreement published under Government Notice R259 dated 24 March 2017 as amended, extended and / re-enacted from time to time

AGENTS HAS INFORMED THE DIRECTOR / MEMBER / EMPLOYER / REPRESENTATIVE (please cross out what is not applicable) OF THE FOLLOWING:

- a) Council's Agreement applicable at date of registration
- b) Council Funds applicable at date of registration
- c) The proper completion method for the related Council returns
- d) The requirements to maintain proper time and wage registers
- e) Employee job grading and associated wage rates for employee/s

Designated Agent/ Council Official Signature: _____

DECLARATION UNDER OATH-

I, the undersigned (director/ member / employer) (please cross out what is not applicable)

(Full name)

Name of the firm: _____

Address: _____

Registration Fee of R _____ to be paid by deposit into NBCEISA banking account (details attached)

Make an oath and say:

- a) I started this business on _____ with _____ employees.
- b) I undertake to immediately notify Council in writing of any and all changes relating to personnel and or to company information.
 - 1. I certify that before administering the oath affirmation I asked the deponent the following questions and wrote down his/her answers in his/her presence:
 - 2. Do you know and understand the content of the declaration? _____
 - 3. Do you have any objection to taking the prescribed oath to be binding on your conscience? _____
 - 4. Do you consider the prescribed oath to be binding on your conscience? _____

I certify that the deponent has acknowledged that/he she knows and understands the contents of this declaration, which was sworn to affirm before the deponent's signature/thumbprint/mark, and me was placed thereon in my presence.

Deponent's Signatory: _____

Commissioner of Oaths: _____

Date _____ Place _____

EMPLOYEE/S DETAILS

NORMAL WORKING HOURS PER WEEK

FIRST NAME/S	SURNAME	D.O.B.	ID NUMBER	ADDRESS	CELL NO.	HOURLY RATE	DES. CODE

(PLEASE ATTACH AN ADDITIONAL PAGE(S) SHOULD YOU REQUIRE)

In terms of Council's Main Agreement the definition of an employee is as follows: "employee" means any person employed on any of the classes of work defined the Council's main agreement and includes a person employed under a contract of apprenticeship recognised by the Council"

In terms of the BCEA, as amended, the definition of an employee is as follows: "employee" means (a) any person, excluding an independent contractor, who works for another person or for the State and who receives, or is entitled to receive, any remuneration; and (b) any other person who in any manner assists in carrying on or conducting the business of an employer.

*"I, _____, understand that the above mentioned name/s listed is/are employee/s of _____ and
(Director / Member / Employer / authorised signatory name) (Company Name)
further understand that I am liable to contribute to the NBCEI for all necessary funds as per the Council's main agreement."*

SIGNATURE: _____ DATE: _____
AUTHORISED SIGNATORY

SIGNATURE _____ DATE: _____
AGENT / COUNCIL OFFICIAL

CHECKLIST

DOCUMENTATION REQUIRED AND RECEIVED

1. REGISTRATION FEE

Proof of payment iro Registration fee

2. PROOF OF REGISTRATION WITH THE FOLLOWING ORGANISATIONS:

SARS – Income Tax and VAT

Unemployment Insurance Fund (Department of Labour)

COIDA / FEM (Workmen’s Compensation Fund)

Registration as an Electrical Contactor (Department of Labour)

Registered person’s certificate of registration

Company Registration documents and memorandum of Incorporation

Certified copy of all directors / members / persons ID document/s

Proof of both business address and residential address/es

Letter from Auditor confirming Shareholding

If applicable, Director/s resolution appointing the authorised person at company & copy of their id

Proof of company banking details i.e. bank confirmation letter

Clear copies **of all Employee identity document/s**

I _____ Council Official/ Designated Agent, Certify that I received the above documents from _____ and everything is in order/ to be submitted within 30 days from the date of registration

DOCUMENTATION TO BE GIVEN TO THE EMPLOYER

Hard copy of Council Main Agreement dated _____

Amendment/s (if applicable) _____

Wage Schedule – Area _____ Dated _____

Nomination of Beneficiary forms X 2 (Funeral and Death)

Pension & Risk Cover Benefit information booklets / leaflets

Sick Benefit Fund claim form

Council’s banking details

I, _____, hereby confirm that the below listed documents have been
(Employer’s name)
handed and explained to me on the _____ . (date)