



N.B.C.E.I

National Bargaining Council For The
Electrical Industry Of South Africa

INCORPORATION NUMBER LR2/6/6/128

PLEASE WRITE IN BLOCK LETTERS

FIRM CODE: _____

TO BE COMPLETED BY AN AUTHORISED PERSON

**REGISTRATION AS AN EMPLOYER/CONTRACTOR IN THE ELECTRICAL INDUSTRY IN TERMS OF THE AGREEMENT
APPLICABLE TO THE INDUSTRY**

REGISTRATION DETAILS

COMMENCEMENT DATE OF BUSINESS (START DATE) _____ DATE OF REGISTRATION WITH NBCEI _____

1. EMPLOYERS NAME : _____
(NAME OF PERSON TO APPEAR ON THE CERTIFICATE)

2. TRADING NAME : _____ (NAME OF COMPANY)

FULL NAME/S AND ADDRESSES OF : PARTNERS/ MEMBERS/DIRECTORS AND PUBLIC OFFICERS

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 _____

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

PROPRIETOR PARTNERSHIP COMPANY CLOSE CORPORATION

(ATTACH COPY OF REGISTRATION DOCUMENT)

I DECLARE THAT I AM REGISTERED WITH THE FOLLOWING INSTITUTIONS:

- A) SARS REG NO: _____
UIF REG NO _____
COIDA REG NO _____
ELECTRICAL CONTRACTORS BOARD REG NO _____
WIREMANS LICENSE NO _____ ACCREDITED PERSON _____
- 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.

SIGNATURE OF THE APPLICANT _____ DATE _____

BUSINESS TEL No : () _____
FAX No: () _____
CELL No: _____
E MAIL ADDRESS _____

4. BUSINESS ADDRESS: _____

_____ CODE

5. POSTAL ADDRESS _____

_____ CODE

7. MAGISTRATE DISTRICT _____

8. E C A MEMBER YES/NO _____ NO: _____ BRANCH _____ NUMBER _____

1. BRIEF DESCRIPTION OF THE FIRMS ACTIVITIES AT DATE OF REGISTRATION : _____

BENEFIT FUND APPLICABLE

PLEASE MARK THE APPROPRIATE BLOCK

PENSION FUND

PROVIDENT FUND

SICK PAY FUND

LEVIES:

ECA LEVY

TUS

COUNCIL LEVY

A) 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.

I _____ ID NO: _____
UNDERTAKE TO ABIDE BY THE PAYMENT SCHEDULE AS STIPULATED IN PARAGRAPH (b) ABOVE

SIGNED AT _____ ON THE _____ DAY OF _____

SIGNATURE OF THE EMPLOYER _____

PRINT NAME _____

AGENTS SIGNATURE _____

PART IV - AGENTS INSPECTION

REGISTRATION IS EFFECTED IN TERMS OF THE COUNCIL REGISTRATION AND ADMINISTRATION EXPENSES AGREEMENTS AS PUBLISHED UNDER GOVERNMENT NOTICE R974 DATED 13 MAY 1983 AS AMENDED, EXTEND AND / OR RE-ENACTED FROM TIME TO TIME

AGENTS HAS INFORMED THE EMPLOYER/REPRESENTATIVE OF THE FOLLOWING:

- A) 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 /WE, THE UNDERSIGNED (OWNER /DIRECTOR)

NAME OF THE FIRM: _____ REG NO: _____

ADDRESS : _____

REGISTRATION FEE OF R _____ TO BE PAID BY CHEQUE AT THE OFFICE/BY DEPOSIT INTO ACCOUNT NO

MAKE AN OATH AND SAY:

- A) I STARTED THIS BUSINESS ON _____ WITH _____ EMPLOYEES
- B) AS SOON AS I EMPLOY A PERSON I UNDERTAKE TO NOTIFY THE COUNCIL IMMEDIATELY, THE WORKMEN'S COMPENSATION COMMISSIONER & UNEMPLOYMENT INSURANCE FUND.
- C) AS SOON AS AN EMPLOYEE LEAVES MY EMPLOYMENT, I UNDERTAKE TO NOTIFY THE COUNCIL AND GET AUTHORIZATION TO ADJUST THE LEVY RETURN FORM.

- 1. I CERTIFY THAT BEFORE ADMINISTERING THE OATH AFFIRMATION I ASKED THE DEPONENT THE FOLLOWING QUESTIONS AND WROTE DOWN HI/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.

SIGNATURE OF EMPLOYER: _____

EX OFFICIO _____
COMMISSIONER OF OATHS REPUBLIC OF SOUTH AFRICA
DESIGNATED AGENT

DATE _____ PLACE _____

CHECK LIST

1. PROOF OF REGISTRATION FEE
2. CERTIFIED COPIES OF:
 - SARS REG DOCUMENTS
 - UIF DOCUMENTS
 - COIDA DOCUMENTS
 - ELECTRICAL CONTRACTORS BOARD
 - WIREMANS LICENSE
 - COPY OF IDENTITY DOCUMENT
 - EMPLOYEES INDENTITY DOCUMENTS
 - CK 1 AND CK 2 DOCUMENTS
 - COMPANY REGISTRATION DOCUMENTS

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

FAILING WHICH NO CERTIFICATE OF REGISTRATION WILL BE ISSUED UNTIL SUCH DOCUMENTS ARE RECEIVED.

DESIGNATED AGENT/COUNCIL OFFICIAL

DATE