



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

Legal Entity : \_\_\_\_\_  
(LEGAL ENTITY NAME TO APPEAR ON CORRESPONDENCE)

Trading name : \_\_\_\_\_

**Full Name/s and Addresses of Partners/ Members/Directors**

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**

TEMPORARY EMPLOYMENT SERVICE (LABOUR BROKER)      YES      NO  
           

PROPRIETOR:        PARTNERSHIP        COMPANY        CLOSE CORPORATION

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.

Signature of the Applicant \_\_\_\_\_ Date \_\_\_\_\_

Business Tel No: ( ) \_\_\_\_\_  
Fax No: ( ) \_\_\_\_\_  
Cell No: \_\_\_\_\_  
E mail address \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code

Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code

Magistrate District \_\_\_\_\_

ECA MEMBER (PLEASE PROVIDE PROOF OF MEMBERSHIP): \_\_\_\_\_ No: \_\_\_\_\_ Branch / Area \_\_\_\_\_  
Yes / No?

- 1. brief description of the firms activities at date of registration :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. current site address: -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFIT FUND APPLICABLE**

**PLEASE MARK THE APPROPRIATE BLOCK**

PENSION FUND

RISK COVER

SICK PAY FUND

**LEVIES:**

ECA LEVY (proof to be attached)

SAEWA TRADE UNION SUBS

COUNCIL LEVY

COLLECTIVE BARGAINING LEVY

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- 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 15<sup>th</sup> 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 (a) ABOVE

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

Signature of the Employer \_\_\_\_\_

Print Name \_\_\_\_\_

Agents Signature \_\_\_\_\_

**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

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, and The Workmen's Compensation Commissioner & and the Unemployment Insurance Fund.
  - c) As soon as an employee leaves my employment, I undertake to notify the Council and to amend the levy return Form accordingly.
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 \_\_\_\_\_



**CHECKLIST**

**DOCUMENTATION REQUIRED AND RECEIVED**

1. PROOF OF REGISTRATION FEE

2. CERTIFIED COPIES OF:

- SARS REG DOCUMENTS
- UIF DOCUMENTS
- COIDA DOCUMENTS (WORKMENS COMPENSATION)
- REGISTRATION AS AN ELECTRICAL CONTRACTOR (DEPARTMENT OF LABOUR)
- INSTALLATION ELECTRICIAN LICENCE
- PROOF OF MEMBERSHIP WITH THE ECA (only if applicable)
- COPY OF IDENTITY DOCUMENT
- EMPLOYEES INDENTITY DOCUMENTS
- CK 1 AND CK 2 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

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**DOCUMENTATION RECEIVED BY THE EMPLOYER**

**CHECKLIST**

- MAIN COLLECTIVE AGREEMENT dated \_\_\_\_\_
- AMENDMENT/S \_\_\_\_\_
- LATEST WAGE SCHEDULE – AREA \_\_\_\_\_ DATED \_\_\_\_\_
- NOMINATION OF BENEFICIARY FORM
- PENSION & DEATH BENEFITS BOOKLETS / INFORMATION
- SICK PAY FUND RULES & 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)