
GOVERNMENT NOTICE

DEPARTMENT OF LABOUR

No. 72

27 January 2006

Rules, forms and particulars which shall be furnished ~~in~~ terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993, as amended).

I, Nerine Beverlee Kahn, Acting Compensation Commissioner, hereby repeal under ~~Section 6~~ A (b) of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993, as Amended) ~~item~~ 3 of my prescription ~~as~~ published under Notice No. 278 in the following Government Gazette No. 27416 of 24 March 2005 and replace it with the following:

Return of Earnings [Section 82 (1)]

- 3. "The Return of Earnings shall be on form WAS 8 [ANNEXURE~~B~~] with the particulars required therein, as the case may be."**



N. B. Kahn

Acting Compensation Commissioner



COMPENSATION FUND
COIDA, 1993 (ACT NO. 130 OF 1993)
Section 82 (1)

2005

To be furnished by all employers to:
Assessments Division

Compensation House
Cnr Hamilton Street & Soutpansberg Road, Arcadia
4 (0)12 319-9135/136/260/360 e-mail: cf-info@labour.gov.za
website at <http://www.labour.gov.za>

Year of assessment	01 March 2005 to 28 February 2006
--------------------	-----------------------------------

Date of issue	01 March 2000 to 20 Feb 2001
---------------	------------------------------

This return to be submitted on or before	March 31, 2006
--	----------------

***Consult the enclosed guidelines before completing the return**

Fill in the white blocks only where particulars have changed.

Use block letters where applicable, or mark with an X

1.1 Trading Name				Use block letters where applicable; or mark with an X																			
1.2 Name of owner, Co / CC																							
1.3 Co / CC number																							
1.4 Employer's ID number																							
1.5 Postal address																							
1.6 Physical address																							
1.7 Telephone number				Code								Number											
1.8 Fax number				Code								Number											
1.9 Cell phone number																							
1.10 E- Mail address																							
1.11 Particulars of operation																							
a) Describe the nature of goods sold/manufactured / or services rendered																							
b) Describe the materials used in the manufacturing of goods																							
c) Describe the nature and extent of construction/erection undertaken																							
d) In case of farming, indicate the nature thereof																							
e) Do you use tractors and/or power-driven saws																							
1.12 Status of business																							
a) Ceased																							
b) Sold																							
With all assets																							
With all liabilities																							
Name & Address of new owner																							
c) Liquidated																							
d) Owner passed away																							