

EMPLOYER REGISTRATION FORM

Registration of the business as detailed herein is hereby made in terms of the compulsory binding provision of the Main Collective Agreement for the Meat Trade Gauteng, Clause 21 of Government Notice R856 of Government Gazette No. 23535 dated 28 June 2002 and the Financial Services Laws Amendment Act 45 of 2013, Section 17(8) and (9) as amended.

In terms of the Protection of Personal Information Act 4 of 2013, the Bargaining Council and Funds are committed to protecting individual privacy & recognizes their responsibility to comply with statutory requirements in collecting, processing and distributing personal information. Your information is collected to comply with the clauses of the Collective Agreement and is stored on secure servers. Upon signature, the employer consents to the processing of personal information. In terms of Section 18 of said Act, the Bargaining Council and Funds hereby inform you that any information collected will only be shared with third parties who are POPI compliant.

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DETAILS OF BUSINESS						
NAME OF OWNER / DIRECTOR	DETAILO	Boom				
IDENTITY NUMBER OF OWNER / DIRECTOR						
COMPANY REGISTRATION NUMBER						
BUSINESS NAME/TRADING NAME						
STREET ADDRESS (BUSINESS)						
POSTAL ADDRESS (to which account must be posted)						
TELEPHONE NUMBER (BUSINESS)						
TELEPHONE NUMBER (HOME)						
TELEFAX NUMBER (BUSINESS)						
EMAIL ADDRESS						
DATE BUSINESS COMMENCED						
NAME OF PERSON RESPONSIBLE FOR PAYMENT OF CONTRIBUTIONS (SECTION 13A(8) OF THE PENSION FUNDS						
ACT 24 OF 1956, AS AMENDED IDENTITY NUMBER OF RESPONSIBLE PERSON						
CELL NUMBER OF RESPONSIBLE PERSON						
STREET ADDRESS (HOME) OF RESPONSIBLE PERSON						
POSITION HELD IN BUSINESS						
SIGNATURE AND DATE OF RESPONSIBLE PERSON						
THE DETAILS OF MEMBERSHIP HAVING BEEN EXPLAINED, MEMBERSHIP OF THE MEAT TRADERS ASSOCIATION GAUTENG IS HEREBY ELECTED?				YES	NO	
EMPLOYEE DETAILS						
NUMBER OF EMPLOYEES TO BE REGISTERED (employee registration forms to be attached)						
I, THE UNDERSIGNED, HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS REGISTRATION FORM IS TRUE AND CORRECT AND THAT I AM DULY AUTHORISED TO SIGN ON BEHALF OF THE BUSINESS DETAILED ABOVE.						
NAME OF SIGNATORY						
SIGNATURE						
DATE						
FOR OFFICE USE ONLY						
TYPE OF REGISTRATION	FUR UFFI	CE USE O				

Private Bag X3060, Randburg, 2125 72A Oxford Road, Riviera, 2193

CHANGE OF OWNERSHIP

PREVIOUSLY REGISTERED OWNER

NEW BUSINESS

Tel: (011) 646-0290 E-mail: bcmt@wadavidson.co.za

EFFECTIVE DATE

INSPECTOR'S DETAILS

PROCESSED BY AND DATE