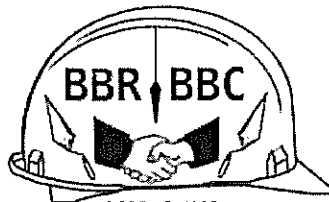


BOUBEDINGINGSRAAD
BUILDING BARGAINING COUNCIL



BOLAND NOORD & WES
NORTH & WEST BOLAND

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REG NO.:

APPLICATION FOR REGISTRATION AS EMPLOYER IN THE BUILDING INDUSTRY
AANSOEK OM REGISTRASIE AS WERKGEWER IN DIE BOUNYWERHEID

1. NAAM VAN BESIGHEID / NAME OF BUSINESS _____

2. STATE WHENTHER / MELD OF: (A) COMPANY/MAATSKAPPY-SERT/SERT NO: _____

TAAL VERKIES
CHOOSE LANGUAGE

DATE/DATUM: _____

(B) CC/BK-SERT/SERT NO: _____

DATE/DATUM: _____

(C) PARTNERSHIP / VENNOOTSKAP _____

(D) SOLE OWNERSHIP / ALLEEN EIENAAR _____

3. ADDRESS OF BUSINESS / ADRES VAN BESIGHEID: _____

4. ADDRESS OF WORKSHOP/YARD / ADRES VAN WERKSWINKEL/PLAAS: _____

5. POSTAL ADDRESS / POSADRES: _____

6. TELEPHONE / TELEFOON: _____ EPOS ADRES/EMAIL ADDRESS: _____

7. DATE WHEN BUSINESS COMMENCED DATUM WANNEER BESIGHEID BEGIN IS: _____

8. DATE WHEN REGISTERED WITH THE COUNCIL / DATUM WANNEER BY DIE RAAD GEREGISTREER IS: _____

9. DETAILS OF OWNER, PARTNERS, DIRECTORS OR MEMBERS / BESONDERHEDE VAN EIENAAR, VENNOTE, DIREKTEUR OF LEDE:

FULL NAMES & ADDRESS / VOLLE NAME & ADRESSE I.D. NO'S

_____	_____
_____	_____
_____	_____
_____	_____

GEBIEDE VAN JURISDIKSIE/AREAS OF JURISDICTION: Gebied A - Langeberg plaaslike munisipaliteit – Robertson(Tel/Faks 0236264858); McGregor; Montagu; Ashton; Bonnievale; Breedevallei plaaslike munisipaliteit – Worcester; Rawsonville; De Doorns; Touwsrivier; Witzenberg plaaslike munisipaliteit – Tulbagh; Wolsley, Ceres(Tel/Faks 0233161119), Prince Alfred Hamlet; Swellendam plaaslike munisipaliteit – Swellendam(Tel/Faks 0285143499); Buffeljagsrivier; Suurbraak; Barrydale; Infanta; Malgas; Gebied B - Saldanhabaai plaaslike munisipaliteit – Port-Owen; St. Helenabaai; Stompneusbaai, Paternoster, Vredenburg(Tel 0227133135)(Faks 0227131504), Saldanhabaai; Langebaan; Hopefield; Landdrosdistrik Moorroesburg – Moorroesburg(Tel/Faks 0224331133) Bergrivier plaaslike munisipaliteit – Piketberg; Velddrif; Aurora; Porterville, Redelinghuys; Eendekuil; Dwarkersbos; Gebied C - Laingsburg plaaslike munisipaliteit – Laingsburg, Matjiesfontein; Prins-Albert plaaslike munisipaliteit – Prins-Albert(Tel/Faks 0235411771); Leeu-Gamka; Klaarstroom; Merweville; Matzikama plaaslike munisipaliteit – Doringbaai; Strandfontein; Ebenhaeser; Lutzville; Koekenaap; Vredendal(Tel/Faks 0272135037); Vanrhynsdorp; Klawer; Trawal; Papendorp; Cederberg plaaslike munisipaliteit – Clanwilliam(Tel/Faks 0274822299), Graafwater, Lambertsbaai, Elandsbaai, Citrusdal(Tel/Faks 0229212036), Wuppertal; Gebied D - Cape Agulhas plaaslike munisipaliteit – Napier; Agulhas, Struisbaai, Proteem; Klipdale; Arniston/Waenhuiskrans; Bredasdorp(Tel/Faks 0284241083); Elim Theewaterskloof plaaslike munisipaliteit – Genadendal; Greyton; Grabouw(Tel/Faks 0218591101); Villiersdorp; Botrivier; Riviersonderend; Caledon(Tel/Faks 028 2123114)

10. MAIN ACTIVITIES OF THE UNDERTAKING / VERNAAMSTE AKTIWITEITE VAN ONDERNEMING: _____

11. STATE PARTICULARS OF DIRECTORS, MEMBERS, PARTNERS, OWNERS WHO ARE ALSO DIRECTORS, MEMBERS, PARTNERS, OWNERS OF ANY OTHER FIRM AS AN EMPLOYER WITH THIS COUNCIL / MELD BESONDERHEDE VAN DIREKTEURE, LEDE, VENNOTE, EIENAAR WIE OOK DIREKTEURE, LEDE, VENNOTE, EIE/ ANDER BESIGHEID WAT AS WERKGEWER BY HIERDIE RAAD GEREGISTREER IS:

NAME/NAAM	UNDERTAKING/ONDERNEMING	CAPACITY/HOEDANIGHEID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. TRADES CARRIED ON / AMBAGTE WAT ONDERNEEM WORD: _____

13. NO. OF EMPLOYEES EGAGED OR ENVISAGED / WERKNEMERS IN DIENS OF BEOOG:

SKILLED/GESKOOLD: _____ UNSKILLED/ONGESKOOLD: _____

14. ARE YOU A MEMBER OF THE M.B.A. OR B.I.A. / IS U 'N LID VAN DIE M.B.V. OF B.I.A.? _____

15. INDICATE IF REGISTERED WITH ANOTHER INDUSTRIAL COUNCIL / MELD INDIEN GEREGISTREER BY AND NYWERHEIDSRAAD:

NAME _____

16. INDICATE WHETHER YOU ARE REGISTERED WITH / MELD INDIEN U GEREGISTREER BY ANDER NYWERHEIDSRAAD:

(A) WORKMEN'S COMPENSATION / ONGEVALLE VERSEKERING: REG NO: _____

(B) UNEMPLOYMENT INSURANCE / WERKLOOSHEIDVERSEKERING: REG NO: _____

(C) RECEIVER OF REVENUE / ONTVANGER VAN INKOMSTE: REG NO: _____

SIGNED AT / GETEKEN TE: _____ DATE / DATUM: _____

FOR AND ON BEHALF OF/ VIR EN NAMENS: _____
NAME OF EMPLOYER / NAAM VAN WERKGEWER

SIGNATURE / HANDTEKENING

CAPACITY / HOEDANIGHEID

STATISTICAL RETURN OF PERSONS IN YOUR EMPLOY/STATISTIESE OPGAWE VAN WERKNEMERS IN U DIENS

CATEGORY OF EMPLOYMENT / KLASSE VAN WERK	NO. OF EMPLOYEES / AANTAL WERKNEMERS
A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	
I.	
J.	
K.	
L.	
M.	
N.	
O.	
P.	
Q.	
R.	
S.	
T.	
U.	
V.	
W.	
X.	
Y.	

DATE / DATUM

SIGNATURE OF EMPLOYER / HANDTEKENING VAN WERKGEWER