



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA



Compensation Fund
WORKING FOR YOU

CF-1B: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993

APPLICATION FOR CHANGE OF NATURE OF BUSINESS

Section A – Applicant's details

Name of Employer	<input type="text"/>
CF Registration No	<input type="text" value="9"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
UIF Registration No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CIPC Registration No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SARS Tax No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business Address	<input type="text"/>
City/Town	<input type="text"/>
Province	<input type="text"/>
Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer's email address	<input type="text"/>
Consultant's email address	<input type="text"/>
Consultant's Telephone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section B – Requirements for the change of nature of business

NB: In terms of section 80(3) of COIDA, employers must notify the Commissioner within 7 calendar days of any change in particulars.

Any failure to comply with this requirement shall be guilty of an offence. The change in business activities and re-classification of business entity will be effective from the date of receipt of request by the Compensation Fund.

Date of change of nature of business

Detailed description of the nature of business activities: (if the space is not sufficient, submit on a company's letter head and signed by the company's authorised person (with a company's stamp, if available))



NO

List of at least 5 of your clients with their contact details and indicate the goods/services provided to them

1. **Introduction**
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Compensation Fund
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Section C – Provide the following documents

Supporting documents	Please tick		Office use only	
	Yes	No	Yes	No
1. A latest Annual Report/Annual Financial Statement				
2. A proof of business physical address				
3. Pictures of the business operations				

Failure to fully complete the Form will delay the finalisation of your request

I confirm that the information given in this form is true, complete and accurate:

Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.

NB. If using the service of the Consultant, both the Employer and the Consultant must sign this form

Employer Representative/Delegated Official/Employer

Signature:	
Name and Surname:	
Date:	
Capacity:	

Consultant

Signature:	
Name and Surname:	
Date:	
Capacity:	

for Office Use

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