



CF 2c: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993

APPLICATION FOR DEREGISTRATION OF EMPLOYER

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"/>

Date when the business closed -----

☐ Reason for deregistration: (please tick box) must be send proof on the below

- ☐ Liquidation/Sequestration
- ☐ Cease Trading/No employees
- ☐ Amalgamation
- ☐ Sold/Taken Over
- ☐ Deceased

Section B – Furnish the following documents

<input type="text"/>	<i>Please tick</i>	<i>Office use only</i>
----------------------	--------------------	------------------------



Liquidation/Sequestration:	Yes	No	Yes	No
1. Court documents				
2. Proof of CIPC deregistration				
3. Proof of UIF deregistration				
4. Certified copies of Directors/Owner's ID (all)				
Cease Trading/No employees:				
1. Proof of UIF deregistration				
2. Proof of CIPC deregistration				
3. Certified copies of Directors/Owner's ID (all)				
4. Any other proof of deregistration				
Amalgamation:				
1. Signed Sales Agreement				
2. Proof of CIPC certificate				
3. Proof of UIF deregistration				
4. Certified copies of Directors/Owner's ID (all)				
Sold/Take Over:				
1. Signed Agreement				
2. Proof of CIPC certificate				
3. Proof of UIF deregistration				
4. Certified copies of Directors/Owner's ID (all)				
Deceased Owner:				
1. Proof of residential address				
2. Proof of UIF deregistration				
3. Death Certificate				

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.

Signature:	
Name and Surname:	
Date:	
Capacity:	