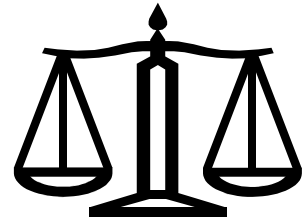


## APPLICATION FOR REGISTRATION AS EMPLOYER



### **COMPLETION INSTRUCTIONS**

1. **Area(s) of Service** - These are the category(ies) under which your business name will appear on our website - [www.laundrybc.co.za](http://www.laundrybc.co.za)
2. The registration form is to be completed and signed by the: Director(s) / Partners / Sole owner / Member(s) / Trustee(s) of the business. In addition
  - a copy of the Identity Document of a representative Director/Partners / Sole owner / Member(s) / Trustee(s) of the business is required
  - if registered as a Company/Close Corporation, the employer to provide a copy of the relevant registration certificate or CIRPO certificate, reflecting business and director/member details.
  - If a partnership, evidence of such partnership or a copy of a Partnership Agreement.
3. An employer registration number is allocated once all of the above documentation is received and will allow the employer access to the council's website.



**APPLICATION FOR REGISTRATION AS EMPLOYER OR CHANGE OF BUSINESS NAME / PARTICULARS**

No registration fee applicable

AREA(s) OF SERVICE (e.g. laundry, dry-cleaning, dyeing, other.).....

B.C REGISTRATION NO: (office use)

L	C	D
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1. NAME OF BUSINESS \_\_\_\_\_  
 TRADING AS (if applicable) \_\_\_\_\_

2. STATE WHETHER - business is registered under:  
 Close Corporation / Companies Act \_\_\_\_\_ Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

3. PHYSICAL ADDRESS OF BUSINESS \_\_\_\_\_

4. POSTAL ADDRESS \_\_\_\_\_

5. I/WE HEREBY CHOOSE DOMICILIUM CITANDI ET EXECUTANDI AT THE ADDRESS/ES SET OUT BELOW:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. DATE WHEN BUSINESS COMMENCED \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
 FAX NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_ VAT REG. NO. \_\_\_\_\_  
 NAME OF FINANCIAL INSTITUTION \_\_\_\_\_ BANK ACCOUNT NO. \_\_\_\_\_  
 NAME OF BANK ACCOUNT HOLDER \_\_\_\_\_ BANK BRANCH CODE \_\_\_\_\_

7. FULL NAMES AND ADDRESSES OF DIRECTORS / PARTNERS / SOLE OWNER / MEMBERS / TRUSTEES

**PHOTOCOPY OF I.D/s, CLOSE CORPORATION/COMPANY REGISTRATION CERTIFICATE/PARTNERSHIP AGREEMENT, TO BE ATTACHED**

a) \_\_\_\_\_ I D NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 b) \_\_\_\_\_ I D NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 c) \_\_\_\_\_ I D NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

8. CURRENTLY ACTIVE: YES  NO

9. TOTAL NUMBER OF EMPLOYEES:  USING CONTRACT STAFF :Y/N

10. ARE YOU A MEMBER OF THE EMPLOYER ORGANISATION, ? Y/N \_\_\_\_\_

15. SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 200\_\_

FOR AND ON BEHALF OF \_\_\_\_\_  
 (Name of Business)

WHO BY HIS/HER SIGNATURE HERETO WARRANTS THAT HE/SHE IS DULY AUTHORIZED TO ENTER INTO THIS TRANSACTION ON BEHALF OF THE APPLICANT.

SIGNATURE:	CAPACITY: DIRECTOR / PARTNER / SOLE OWNER / MEMBER / TRUSTEE

BC AGENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_