

COIDA, 1993 (ACT 130 OF 1993) Section 82(1)

The Hon., Prof., Dr., Rev., Messrs., Mr., Ms.,

PART 1: EMPLOYER PARTICULARS

1.1 Co/CC Registration name (Cipro) Sole Proprietor: Name of owner. 1 2 Tradingname (if applicable)

1.3 Co or CC number. 1.4 Employer's ID number. 1.5 Unemployment insurance no.

1.6 Postal address.

1.7 Physical address.

1.8 Telephone number.

undertaken. d) In case of farming,

b) Ceased.

c) Sold with:

Assets only.

Assets & liabilities. Name & Address of New owner / CC or Co.

d) Liquidated/Sequestrated

e) Owner deceased.

By Court Order Quote Estate no.

indicate the nature thereof. e) Do you use tractors and/or power-driven saws. 1.13 Status of business. a) Ongoing (under same ownership and control as previous year.)

1.9 Fax number. 1.10 Cell phone number. 1.11 E- Mail address. 1.12 Particulars of operation. a) Describe the nature of business/ farming activities/ goods sold or manufactured or services rendered. b) Describe the materials used in the manufacturing of goods, c) Describe the nature and extent of construction/erection

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			955, 1	Pretori	a, 000										
		Cr	Compensation House Cnr Hamilton Street & Soutpansberg Road, Arcadia												
		Or	Call centre 0860105350 Only original document will be accepted.												
			Information relating to earnings (staff costs) should be kept for at least 4 years.												
			REFERENCE NUMBER/CA												
		BP N								-1-004	4.4-	00.5			2010
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Declaration 01 March 2011 - 29 February 2012 I, the undersigned confirm that the number of employees and their earnings (staff costs/salaries & wages) for the 12 months ending 29/02/2012 are as follows:

	Actual Ea	rnings:01/03/20	11 - 29/02	Provisional Earnings:01/03/2012- 28/02/2013							
	Number of er	nployees and	Number of di	rectors/members		nployees and	Number of directors/members				
	amount of <u>ea</u>		and amount of	of <u>earnings</u> (staff	amount of ea		and amount of earnings (staff				
	E .	es & wages) per		es & wages) per		es & wages) per	costs/salaries & wages) per				
		all employees		directors of a		ted to be paid to all	,	ted to be paid to			
		rectors of a Company		members of a Close			directors of a Company or				
	or members			ip to a maximum of		or members of a close up to a maximum of	1	·			
Month		up to a maximum of r person for the	above period	r person for the	•	er person for the	up to a maximum of R 292 032 per person for the above period.				
	above period	•	above period:		above period	•	per person for the above period.				
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			CONTRACTOR SON ALL PA			**** * *					
	Number	Earnings -	Number	Earnings -	Number Earnings -		Number Earnings -				
		(Rands only)		(Rands only)	<u> </u>	(Rands only)		(Rands only)			
Mar					<u> </u>						
Apr			<u> </u>								
May Jun											
Jul			<u> </u>		3 	1					
Aug			<u> </u>								
Sep					·		<u> </u>				
Oct											
Nov											
Dec					5						
Jan											
Feb											
Total											
			Bitangerszagainawi ar av avalagasza								
			FINAL EA	RNINGS PAID	ESTIMAT	ED EARNINGS					
Total earnings of both employees											
and Directors/Members:											
Total cash value of free food and/ or			1				The Chinese of the Ch				
		le) in Rands.		×							
GRAND TOTAL OF EARNINGS											
State in words the grand total of earnings:					State in w	ords the grand t	otal of earnings:				
	v 5	5.00	*25 2 *	£1							
		nings above 30% v	viii be inves	iligateo:		1 4 (6					
Declaratio	n by emplo	yyer;	And the second s			on by Agent/Pay	OH AUMINI	Strator:			
Name:				Name: Designation:							
Designation				SIGNATURE:							
SIGNATURE:											
Date: Telephone No:						Date: Telephone No:					
				e-mail Address:							
e-mail Add	iress:				eman Au	uiess.		· · · · · · · · · · · · · · · · · · ·			
Company B	anking Info	rmation:				Office use o	nly - Codifi	ed.			
Bank Name	,	The state of the s	0.0000000000000000000000000000000000000			7					
Account No):										
Branch Coo											
Branch Nan											
Type of Acc):										

NB. IT IS THE RESPONSIBILITY OF THE EMPLOYER TO ENSURE THAT THE INFORMATION DECLARED IS ACCURATE AND CORRECT.

IT IS COMPULSORY FOR BOTH EMPLOYER AND AGENT / PAYROLL ADMINISTRATOR TO SIGN THE DECLARATIONS ABOVE.