



Annexure A
Registration as an employer in the Motor Industry
In accordance with Clause 8(1) of the MIBCO: Administrative Agreement

Motor Industry Bargaining Council	Tel (041) 364 0250
Eastern Cape Region	Fax (041) 365 6821
P O Box 7270	e-mail address Leslie.Palmer@mibco.org.za
Port Elizabeth 6055	Website address http://www.mibco.org.za

New Registration Change of ownership Change of address Change of trading name

Name under which business is conducted

Previous trading name if applicable

Name and Registration of CC, Company and / or Trust *(Please attach copies of the registration documentation)*

Name

Registration No.

Street address (Site)	Postal address (Branch)	Head Office Address
Street/PO Box <input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb Name <input type="text"/>	<input type="text"/>	<input type="text"/>
Town Name <input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Code <input type="text"/>	<input type="text"/>	<input type="text"/>
Tel / Fax No. <input type="text"/>	<input type="text"/>	<input type="text"/>
Branch Cell No. <input type="text"/>		Head Office Cell No. <input type="text"/>
Branch e-mail address <input type="text"/>		Head Office e-mail address <input type="text"/>

Magisterial District

Preferred mode of Communication (e-mail/fax/post; indicate the fax no, e-mail, etc.)

Nature of business Date trading commenced

Activity Code Date of change

Chapter Sector

Details of Proprietors, Partners, Director, Members of CC or Trustees *(Delete whichever is not applicable)*

Name and Surname	Residential Address	ID Number*	Occupation

*Please provide certified copies of ID documents

Contact Person: Wage Clerk / Bookkeeper / Manager *(Delete whichever is not applicable)*

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Particulars of employees

No. of Journeymen No. of general workers No. of apprentices

No. of clerical & sales employees No. of RSA's / BSA's No. of other employees

Employer Organisation Member RMI FRA Number

Signature of Employer / Authorised Representative Date

With this signature, I declare that I am authorised to confirm that the contents of this document are both true and correct.

Office Use	
Memo Number _____	File Prepared _____
Inspection Sheet Amended _____	Area _____
Inspection Sheet Compiled _____	Agent Area / Code _____
Chapter _____	Registered by _____
File No. / Employer No. _____	Sector _____

NOTE: In terms of Clause 8(2): REGISTRATION OF EMPLOYERS of the Administrative Agreement, it is the responsibility of the Employer to notify the relevant MIBCO Regional Council, within one month, of any change in terms of ownership, name, partner / director / member or manager composition, postal and/or physical address and trading status of the registered establishment.

Document Handover Control

Designation	Name	Signature	Date Compiled / Received	Date Released / Secured