

## Annexure A

### Registration as an employer in the Motor Industry

*In accordance with Clause 8(1) of the MIBCO: Administrative Agreement*

<b>Motor Industry Bargaining Council</b> <b>Western Cape Region</b> P O Box 17 Bellville 7535		<b>Tel</b> (021) 948 6400 <b>Fax</b> (021) 948 6438 <b>e-mail address</b> <a href="mailto:Jacqui.Howells@mibco.org.za">Jacqui.Howells@mibco.org.za</a> <b>Website address</b> <a href="http://www.mibco.org.za">http://www.mibco.org.za</a>	
--	--	--	--

  

New Registration <input type="checkbox"/> Change of ownership <input type="checkbox"/> Change of address <input type="checkbox"/> Change of trading name <input type="checkbox"/>			
Name under which business is conducted <input style="width: 100%;" type="text"/>			
Previous trading name if applicable <input style="width: 100%;" type="text"/>			
Name and Registration of CC, Company and / or Trust <i>(Please attach copies of the registration documentation)</i>		Name <input style="width: 100%;" type="text"/> Registration No. <input style="width: 100%;" type="text"/>	

  

Street address (Site)	Postal address (Branch)	Head Office Address
Street/PO Box <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Suburb Name <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Town Name <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Postal Code <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Tel / Fax No. <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Branch Cell No. <input style="width: 90%;" type="text"/>	Head Office Cell No. <input style="width: 90%;" type="text"/>	
Branch e-mail address <input style="width: 90%;" type="text"/>	Head Office e-mail address <input style="width: 90%;" type="text"/>	
Magisterial District <input style="width: 100%;" type="text"/>		
Preferred mode of Communication (e-mail/fax/post; indicate the fax no, e-mail, etc.) <input style="width: 100%;" type="text"/>		
Nature of business <input style="width: 90%;" type="text"/>	Date trading commenced <input style="width: 90%;" type="text"/>	
Activity Code <input style="width: 90%;" type="text"/>	Date of change <input style="width: 90%;" type="text"/>	
Chapter <input style="width: 90%;" type="text"/>	Sector <input style="width: 90%;" type="text"/>	

  

Details of Proprietors, Partners, Director, Members of CC or Trustees <i>(Delete whichever is not applicable)</i>			
Name and Surname	Residential Address	ID Number*	Occupation

\*Please provide certified copies of ID documents

Contact Person: Wage Clerk / Bookkeeper / Manager <i>(Delete whichever is not applicable)</i>			

  

Particulars of employees			
No. of Journeymen <input style="width: 40%;" type="text"/>	No. of general workers <input style="width: 40%;" type="text"/>	No. of apprentices <input style="width: 40%;" type="text"/>	
No. of clerical & sales employees <input style="width: 40%;" type="text"/>	No. of RSA's / BSA's <input style="width: 40%;" type="text"/>	No. of other employees <input style="width: 40%;" type="text"/>	
Employer Organisation Member	RMI <input type="checkbox"/> FRA <input type="checkbox"/>	Number <input style="width: 100%;" type="text"/>	
Signature of Employer / Authorised Representative <input style="width: 100%;" type="text"/>		Date <input style="width: 100%;" type="text"/>	

*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