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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

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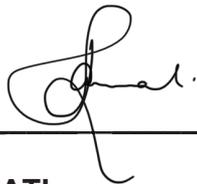
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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR**GENERAL NOTICE 994 OF 2022****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO 130 OF 1993)****THE NOTICE ISSUED BY THE DIRECTOR-GENERAL UNDER COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

I, Thobile Lamati, The Director General of Employment and Labour, hereby in terms of S83 (8) and S83 (2) (b) of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993) as amended issue the following Notice:

- a) A Maximum Earnings on Actual Earning is R506 473 (1 March 2021 to 28 February 2022)
- b) A Maximum Earnings on Provisional Assessment is R529 264 (1 March 2022 to 28 February 2023)
- c) A Minimum Assessment for commercial employers is R1342
- d) A Minimum Assessment for private domestic employers is R463



T LAMATI**DIRECTOR-GENERAL: EMPLOYMENT AND LABOUR****DATE** 09/03/2022



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 Employment and Labour
 REPUBLIC OF SOUTH AFRICA



2021

CF-2A FORM: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993

RETURN OF EARNINGS

Section A – Employer’s details

Name of Employer

CF Registration No

UIF Registration No

CIPC Registration No

SARS Tax No

Business Address

City/Town

Province

Postal Address

Code

Employer Telephone No

Mobile Telephone No

Employer’s email address

Consultant’s email address

Consultant’s Telephone No



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SECTION B: Declaration of Earnings				CF Registration number:99				
Actual Earnings:01/03/2021 - 28/02/2022				Provisional Earnings:01/03/2022- 28/02/2023				
Month	Number of employees and amount of earnings (staff costs/salaries & wages) per month paid to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 506 473 per person for the above period.		Number of directors/members and amount of earnings (staff costs/salaries & wages) per month paid to directors of a Company or members of a Close Corporation up to a maximum of R 506 473 per person for the above period.		Number of employees and amount of earnings (staff costs/salaries & wages) per month expected to be paid to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 529 264 per person for the above period.		Number of directors/members and amount of earnings (staff costs/salaries & wages) per month expected to be paid to directors of a Company or members of a Close Corporation up to a maximum of R 529 264 per person for the above period.	
	Number of employees	Earnings - (Rands only)	Number	Earnings - (Rands only)	Number of employees	Earnings - (Rands only)	Number of employees	Earnings - (Rands only)
Mar								
Apr								
May								
Jun								
Jul								
Aug								
Sep								
Oct								
Nov								
Dec								
Jan								
Feb								
Total								
			FINAL EARNINGS PAID		ESTIMATED EARNINGS			
Total earnings of both employees and Directors/Members:								
Total cash value of free food and/or quarters. (if applicable) in Rands.								
GRAND TOTAL OF EARNINGS								
State in words the grand total of earnings:				State in words the grand total of earnings:				





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Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA



SECTION C: Declaration of Oath	CF Registration number:99
<p><i>I confirm that the information given in this form is true, complete and accurate:</i></p> <p><i>Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.</i></p> <p><i>If an error is detected after submitting your return of earnings, you have 60 days from the date assessed to apply for the revision of assessment. The request must be forwarded to cfcallcentre@labour.gov.za or call 0860 105 350 for assistance.</i></p>	
Declaration by the Employer:	
Name & Surname:	
Designation/Capacity:	
Signature:	
Date:	
Telephone No:	
e-mail address:	
Declaration by the Consultant	
OR If using a service of a consultant (attach a Power of Attorney and complete)	
Name & Surname:	
Consultant's Company Name	
Signature:	
Date:	
Telephone No:	
e-mail address:	
Registered Professional Body & Practise No.	

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