GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 132 OF 2021

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT 130 OF 1993 as amended by Act 61 of 1997)

NOTICE ON THE APPLICATION FOR THE REVISION OF THE ASSESSMENT IN TERMS OF SECTION 83 OF THE COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT AS AMENDED.

I, Thobile Lamati, in my capacity as the Director-General of the Department of Employment and Labour and acting in terms of Section 4 (1) (I), hereby publish the CF-2B Application for the Revision of the Assessment Form and that the application for the revision of the assessment by the employers must be submitted within 60 days of the invoice date in terms of Section 83 of the stated Act.

T. Lamati

Director-General: Employment and Labour

Date: 10/03/2021





CF-2B: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993 APPLICATION FOR THE REVISION OF THE ASSESSMENT

Section A – Applicant's details				
Name of Employer				
CF Registration No	9 9			
UIF Registration No				
CIPC Registration No				
SARS Tax No				
Business Address				
City/Town				
Province				
Code				
Employer Telephone N				
Mobile Telephone No				
Employer's email address				
Consultant's email address				
Consultant's Telephone No				
Section B – Reason	s for a Variance			
Name of Employer				
Provide all information	on in details and reasons for a variance			







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NB. If the space is not sufficient, please capture the information on the company's letter head or an affidavit.

Section C – Furnish the following documents

		Please tick		Office use only	
Supporting documents	Yes	No	Yes	No	
1. SARS EMP 501					
Audited/Independently Reviewed/Compiled Annual Financial Statements					
3. A Detailed Payroll Report (1 March to 28/29 February)					
4. UIF Registration No. (Complete it on Section A)					
5. Power of Attorney (Commissioner of Oath), if using the service of the consultant					

NB. Failure to submit all required supporting documents will result in the Application for the Revision of the Assessment being rejected. An Application for the Revision of the Assessment must be submitted within 60 days of the invoice date.

I confirm that the information given in this form is true, complete and accurate:

Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.

Signature:	
Name and Surname:	
Date:	
Capacity:	

