Levy No:……
Magisterial No:…….
Province:……...
Chamber Code:……

NBCRFI
National Bargaining Council for the Road Freight Industry
Your Road Freight Partner.

ANNEXURE/AANHANGSEL A.1
STATEMENT RE REGISTRATION WITH THE NATIONAL BARGAINING COUNCIL FOR THE ROAD FREIGHT INDUSTRY
VERKLARING I.S. REGISTRASIE BY DIE NASIONALE BEDINGINGSRAAD VIR DIE PADVRAGNYWERHEID
Private Bag/Privaatsak X69, BRAAMFONTEIN, 2017

TRADE NAME/HANDELSNAAM:	

NAME OF COMPANY/CLOSE CORPORATION/TRUST: **NAAM VAN MAATSKAPPY/BESLOTE KORPORASIE/TRUST:**	

COMPANY REGISTRATION NO **FIRMA REGISTRASIE NR.:**		**FAX NO./FAKS NR.:**	**( )**
		Tel.No./Tel. Nr:	**( )**
VAT REGISTRATION NO **BTW REGISTRASIE NR.:**		**CONTACT PERSON** **KONTAK PERSOON**	
BANK:		**ACCOUNT NO:** **REKENING NR:**	
BRANCH: **TAK:**		**TYPE:**	
ACCOUNT HOLDER NAME: **REKENING HOUER NAAM:**			

E-MAIL/E-POS	

POSTAL ADDRESS/POSADRES:		**CODE/KODE**	
PHYSICAL ADDRESS OF ESTABLISHMENT: **FISIESE ADRES VAN BEDRYFSINRIGTING:**			
MAGISTERIAL DISTRICT/LANDDROSDISTRIK:		**PROVINCE/PROVINSIE:**	

Full name(s)/partner/trustees/directors/members **Volle naam(name) van eienaar/vennote/trustees direkteure/lede**			**Residential address /** **Woonadres**	
1.				
	I.D.No./Nr.:		**Tel.No./Tel.Nr.(H)**	
2.				
	I.D.No./Nr.:		**Tel.No./Tel.Nr.(H)**	
3.				
	I.D.No./Nr.:		**Tel.No./Tel.Nr.(H)**	
4.				
	I.D.No./Nr.:		**Tel.No./Tel.Nr.(H)**	
5.				
	I.D.No./Nr.:		**Tel.No./Tel.Nr.(H)**	

PARTICULARS OF OWN PENSION/PROVIDENT FUND (IF APPLICABLE) / BESONDERHEDE VAN EIE PENSION/VOORSORGFONDS (INDIEN VAN TOEPASSING)					
Name of Fund/Naam van Fonds:					
Name of Fund Administrators/Naam van fonds Administrateurs				**Tel/Fax:**	
Date of Inception/Datum Begin:		**Registration No. of Fund/Registrasie Nr. van Fonds:**			
S.A.R.S. Registration No. of fund/Suid-Afrikaanse Inkomstediens Registrasie Nr.:					
Waiting Period if any before Employee may join the Fund: **Wag periode indien enige voordat Werknemers mag aansliut by die Fonds:**					
Contribution Rate Employer/Bydrae skaal Werkgewers		**%**	**Contribution Rate Employees/Bydrae skaal Werknemers**		**%**

Registration No. of vehicles used Registrasie Nr. van voertuie wat gebruik word	Gross vehicle mass Bruto voertuigmassa	

Surname & initials of employees Van en voorletters van werknemers (Block letters/Blokletters)	I.D.Nos. I.D.Nrs.	Date engaged Datum in diens geneem	Category code Kategorie Kode	Weekly/MonthlyWage Weeklikse/Maand Loon	Trade Union Membership Code Vakbond lidmaatskap Kode

Business commenced on: Besigheid is begin op:			OFFICE USE
I hereby certify the above information to be correct. Ek sertifiseer hiermee dat die bostaande besonderhede korrek is. ---------- Signature of employer/Handtekening van werkgewer		1. Date of first contact: 2. First Return-Month 3. Provident Fund 4. Employer Classification: Date/Datum:	