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GOVERNMENT NOTICE

DEPARTMENT OF LABOUR**No. 278****24 March 2005**

Rules, forms and particulars which shall be furnished in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993, as amended).

I, Nerine Beverlee Kahn, acting Compensation Commissioner, hereby repeal under *Section 6A(b)* of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993, as amended) item 3 of my prescription as published under Notice No. 120 in the following Government Gazette No. 25977 of 6 February 2004 and replace it with the following:

Return of Earnings [Section 82(1)]

3. "The return of Earnings shall be on the form **W.As. 8** [Annexure 8] with the particulars required therein, as the case may be".


N-B KAHN**ACTING COMPENSATION COMMISSIONER**



**RETURN OF EARNINGS
DEPARTMENT OF LABOUR**

W.As 8

COMPENSATION FUND
COIDA, 1993 (ACT NO. 130 OF 1993)
Section 82 (1)

2004

To be furnished by all employers to:
Assessments Division

955, PRETORIA, 000 1

Compensation House

Cnr Hamilton Street & Soutpansberg Road, Arcadia

(012) 319-9136/203/360

e-mail: info@wcomp.gov.za

website at <http://www.labour.gov.za>

The Hon., Prof., Dr., Rev., Messrs., Mr., Ms.,

Year of assessment	
Date of issue	
This return to be submitted on or before	

***Consult the enclosed brochure before completing the return**

PART 1: EMPLOYER PARTICULARS

Fill in the white blocks **only** where particulars have changed
Use block letters where applicable or mark with an X

1.1 Trading Name																
1.2 Name of owner, Co / CC																
1.3 Co / CC number																
1.4 Employer's ID number																
1.5 Postal address																
1.6 Physical address																
1.7 Telephone number	Code															
	Code															
1.8 Fax number	Code															
1.9 Cell phone number																
1.10 E- Mail address																
1.11 Particulars of operation a) Describe the nature of goods sold/manufactured / or services rendered b) Describe the materials used in the manufacturing of goods c) Describe the nature and extent of construction/erection undertaken d) In case of farming, indicate the nature thereof																
1.12 Status of business a) Ceased b) Sold With all assets With all liabilities Name & Address of new owner c) Liquidated d) Owner passed away	Livestock				Tillage											
	Mixed farming:		%Livestock				% Tillage									
	Date:															
	Date:															
Yes:				No:												
Yes:				No:												
1.13 Particulars of bank account Name of account holder Type of Account Branch Number Account number																
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																

