



**COMPENSATION FOR OCCUPATIONAL
INJURIES AND DISEASES ACT, 1993**
(SECTION 80 - RULES, FORMS AND PARTICULARS OF
THE COMPENSATION COMMISSIONER - ANNEXURE 7)

REGISTRATION OF EMPLOYER 2024

**THE FEDERATED
EMPLOYERS MUTUAL
ASSURANCE COMPANY
(RF) PTY LTD**

Physical address 2nd Floor
Oxford & Glenhove
114 Oxford Road
Houghton Estate
2196
Postal address PRIVATE BAG 87109
HOUGHTON
2041
Tel (011) 359-4300
Fax (011) 359-4336

Compensation Fund BP Reference

Compensation Fund CA Reference

PART 1 PARTICULARS OF THE BUSINESS

Sole Proprietor Company Close Corporation Partnership Trust Joint Venture

1.1 Company or Close Corporation Number: _____

(Copy of CK 1/2 or Company Registration document (CM1 + CM9) must be attached)

1.2 Registered name of Company or Close Corporation _____

1.3 Trading name _____

1.4 Postal Address _____ Postal Code _____

1.5 Physical Address _____

1.6 Date on which first employee was employed: YYYY _____ MM _____ DD _____

PART 2 PARTICULARS OF THE OWNER(S)

2.1 Name of Owner / Partners / Director _____

2.2 Contact Number _____

2.3 Residential address _____

2.4 Name(s) and ID number(s) of partners / Directors of business _____

(Attach a list if necessary as well as a copy of ID document/s) _____

PART 3 PARTICULARS OF OPERATIONS

3.1 Specify the nature of operations _____

3.2 Will you carry out work (Circle Yes or No)

3.2.1 In or on building or other structures over twelve metres in height? Yes / No

3.2.2 Involving tunneling / shaft sinking / water boring / rock drilling or any other drilling or blasting activities? Yes / No

PART 4 ISSUE OF SHARES

The Federated Employers Mutual Assurance Company (RF) PTY LTD ("FEM") is a company incorporated and registered in the

Republic of South Africa. FEM operates as a mutual insurer to transact worker's compensation insurance for the building industry, under licence from the State Compensation Fund. FEM's business operations are essentially confined to the insurance of employers against their liabilities under the Compensation for Occupational Injuries and Diseases Act, 1993 and extend to any employer falling within Class V of the Compensation Fund Classification of Industries. All policyholders are shareholders of FEM. In terms of the articles of association of the company, shareholding is restricted to policyholders. FEM does not declare any dividends nor do we distribute any

Confirm and accept above Signature _____ Date _____

PART 5 CONTACT PERSON

	CONTACT PERSON WHO DEALS WITH POLICY	CONTACT PERSON WHO DEALS WITH CLAIMS
Name		
Telephone No.		
Fax. No.		
Cellular No.		
E-Mail address		

Preferred method of correspondence Email Post

PART 6 PARTICULARS OF EMPLOYEES - ESTIMATED EARNINGS TO BE PAID

- Compulsory cover for all employees irrespective of earnings. The wages/salaries paid to such employees, including all management, clerical and administrative employees, messengers, drivers of vehicles, site staff, including casual employees, should be declared. (Wages/salaries to be calculated at a maximum of **R 597,328** per annum, **R 49,777** per month, **R 11,487** per week.) The term "wages" includes salaries and payments for constant overtime, cost of living and holiday fund allowances, bonuses of a regular nature, etc.
- The employees of a (Sub) Contractor / employer without proven Compensation cover are deemed to be employees of the (Mandator) Main Contractor and all their earnings must also be included.

No. of employees to be employed	Estimated total monthly wages to be paid to employees (See Above)	TOTAL WAGES	RATE	PREMIUM
No. Directors / Members	Estimated total monthly Directors / Members salaries to be paid			

(FOR OFFICE USE ONLY)

PART 7 BANKING DETAILS

7.1 KINDLY FURNISH THE BANKING DETAILS BY COMPLETING THE SECTION HEREUNDER. THE INFORMATION IS REQUIRED FOR THE PURPOSE OF AN ELECTRONIC TRANSFER SYSTEM. THIS IS ONLY FOR PAYMENTS FROM FEM.

Bank _____ Branch Name _____
Branch Code _____ Type of Account _____
Account Number

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Name of Account Holder _____

PLEASE NOTE
Failure to notify FEM of any changes in writing to these details may result in incorrect payments. Liability will rest with you to recover any moneys paid by FEM into the above account, prior to receipt of change of details by FEM or for incorrect details supplied to FEM.

DECLARATION BY EMPLOYER OR AUTHORISED PERSON
I certify that the particulars completed are correct

NAME (PRINTED)	SIGNATURE	DESIGNATION
DATE _____		

Data Subject POPIA Clause (consent and notification)

Data Protection

The Federated Employers Mutual Assurance Company (we, us, our), its successors and assigns.

1. You consent to us sharing, collecting and processing your Personal Information from you and where lawful and reasonable from public sources for credit, fraud prevention, medical rehabilitation and compliance purposes, as well as for any other purposes as may be required in order for us to perform in terms of a contract to which you are the Data Subject, to comply with an obligation imposed on us by law, where the processing protects the legitimate interests of the Data Subject or where the processing is necessary for pursuing the legitimate interests of the responsible party or of a third party to whom the information is supplied.
2. You consent to us processing your Personal Information, for the purpose for which it was intended where it is deemed adequate, relevant and not excessive.
3. You acknowledge and agree that it may be necessary for us to share and/or collect your Personal Information from time to time, with or to certain industry bodies, regulatory bodies, industry associations, employees, authorised agents, authorised financial services providers, banks, tracing agents, insurers, reinsurers, service providers, medical service providers, board of healthcare funders and/or your employer and that we will only do this when appropriate or necessary, in order to provide the products and/or services to you, administer and investigation claims and/or to comply with laws, regulations, and/or our policies and procedures. You expressly consent to our providing Personal Information to the above parties for these purposes.
4. You confirm that, if you give Personal Information about or on behalf of another person (including but not limited to patients, employees, children or beneficiaries), you are authorised to:
 - a. Give us their Personal Information;
 - b. You are authorised to do so;
 - c. Consent on their behalf to the Processing of their Personal Information, specifically any cross-border transfer of Personal Information into and from the country where the products and services are provided; and
 - d. Receive any privacy notices on their behalf.
5. You consent to us Processing your Personal Information:
 - a. For the purpose of providing products and services and administering claims to you and/or your employees in terms of this agreement and providing any other products and services for which you may apply.
 - b. As it is mandatory and required in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (COIDA) for FEM to provide the required products and services as per its licence and authorisation from the Compensation Fund. Consequences of a failure to provide the required information will result in FEM's inability to perform in terms of the insurance contract, regulation or provide the requisite benefits or payments as required in terms of the COIDA.
 - c. For the purpose of carrying out statistical and other analyses to identify potential market trends and evaluate and improve our business (which includes improving existing and developing new products and services).

- d. In countries outside South Africa where the products, services or benefits of the policy are provided. As far as possible, we will ask the receiving party to agree to our privacy policies.
 - e. By sharing your Personal Information with insurers, service providers, and any other third parties, where necessary, so that we can administer the policy, claims and/or provide the products, services and policy benefits to you and your employees, locally and outside the country where the products or services are normally provided.
 - f. With other FEM related entities within the FEM structure.
 - g. Including special Personal Information relating to health or sex life, criminal behaviour, biometric information and/or race or ethnic origin (where applicable).
6. You also acknowledge and understand that the above list is not exhaustive and FEM will advise you, from time to time should your Personal Information be shared or transferred to a third party for any other purpose not provided for herein.
 7. You understand that you have a right to correct, request access to and to rectify the information collected, including the right to object to the processing of Personal Information (where applicable).
 8. You understand that you have the right to lodge a complaint with the Information Regulator which details can be found at <https://www.justice.gov.za/infoereg/>.
 9. FEM shall not be liable for any damages of any kind arising from the use of the Personal Information, including but not limited to direct, indirect, incidental, punitive and/or consequential damages for fulfilling any of its statutory obligations under any law applicable to FEM.
 10. You will find our Processing practices in our Privacy Notice. This statement is available on FEM's website or on request.

FEM

The Federated Employers Mutual Assurance Company namely the Responsible Party. Business Address: 2nd Floor Oxford & Glenhove, 114 Oxford Road, Houghton Estate, 2198.

Personal Information

Information about an identifiable, natural person and where applicable juristic person, including information about; race; gender; health or sex life; sex; pregnancy; marital status; nationality; ethnic or social origin; colour; sexual orientation; age; physical or mental health; well-being; disability; religion; conscience; belief; culture; language; birth; education; medical; medical history; financial; criminal or employment, employment history; any unique identifiers, banking details, identifying number; symbol; e-mail; postal or physical address; telephone number; location; any online identifier; or other particular assignment to the person; biometric information; personal opinions; views or preferences of the person or the views or opinions of another individual about the person; correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence; and the name of the person if that appears with other Personal Information relating to the person.

Process

Any operation or activity, automated or not, concerning Personal Information, including; alteration, blocking, collation, collection, consultation, degradation, destruction, dissemination by means of transmission, distribution or making available in any other form, erasure, linking merging, organisation, receipt, recording, retrieval, storage, updating, modification or use. Processing and Processed will have a similar meaning.

Data Subject

The person (natural or legal) to whom Personal Information relates.