

Annexure A

Registration as an employer in the Motor Industry

In accordance with Clause 8(1) of the MIBCO: Administrative Agreement

Motor Industry Bargaining Council
Free State/Northern Cape Region
P O Box 910
Bloemfontein 9300

Tel (051) 409 4000
Fax (051) 430 4636
e-mail address Natalie.Jansen@mibco.org.za
Website address <http://www.mibco.org.za>

New Registration ☐ Change of ownership ☐ Change of address ☐ Change of trading name ☐

Name under which business is conducted

Previous trading name if applicable

Name and Registration of CC, Company
and / or Trust (*Please attach copies of
the registration documentation*)

Name

Registration No.

Street address (Site)

Street/PO Box

Suburb Name

Town Name

Postal Code

Tel / Fax No.

Postal address (Branch)

Head Office Address

Branch Cell No.

Head Office Cell No.

Branch e-mail address

Head Office e-mail address

Magisterial District

Preferred mode of Communication (e-mail/fax/post; indicate the fax no, e-mail, etc.)

Nature of business

Date trading commenced

Activity Code

Date of change

Chapter

Sector

Details of Proprietors, Partners, Director, Members of CC or Trustees (*Delete whichever is not applicable*)

Name and Surname	Residential Address	ID Number*	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please provide certified copies of ID documents

Contact Person: Wage Clerk / Bookkeeper / Manager (*Delete whichever is not applicable*)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Particulars of employees

No. of Journeymen

No. of general workers

No. of apprentices

No. of clerical & sales employees

No. of RSA's / BSA's

No. of other employees

Employer Organisation Member

RMI ☐

FRA ☐

Number

Signature of Employer /
Authorised Representative

Date

With this signature, I declare that I am authorised to confirm that the contents of this document are both true and correct.

PTO

Office Use	
Memo Number _____	File Prepared _____
Inspection Sheet Amended _____	Area _____
Inspection Sheet Compiled _____	Agent Area / Code _____
Chapter _____	Registered by _____
File No. / Employer No. _____	Sector _____

NOTE: In terms of Clause 8(2): REGISTRATION OF EMPLOYERS of the Administrative Agreement, it is the responsibility of the Employer to notify the relevant MIBCO Regional Council, within one month, of any change in terms of ownership, name, partner / director / member or manager composition, postal and/or physical address and trading status of the registered establishment.

Document Handover Control

Designation	Name	Signature	Date Compiled / Received	Date Released / Secured