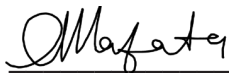

GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR**GENERAL NOTICE 993 OF 2022****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO 130 OF 1993)****THE NOTICE ISSUED BY THE COMPENSATION COMMISSIONER UNDER COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

In terms of Section 6A (b) of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993 as amended by Act 61 of 1997), I, Vuyo Mafata, in my capacity as the Compensation Commissioner, and acting in terms of Section 4 (1) (l), wish to publish and communicate the following:

- a) The CF-1C Application for Employer Deregistration Form;
- b) To request Employers to notify the Compensation Fund (CF) where they have ceased to operate a business or no longer have employees to be covered by the CF;
- c) The fully completed CF-1C Forms must be forwarded to cfoutbound@labour.gov.za **(please contact the CF Call Centre at 0800 321 322/0860 105 350 for further clarity);**
- d) Should the Employer fail to notify the CF on the status of their business, the CF will assume that an employer is still operating and estimate assessments for all outstanding ROEs. Any Notice of Assessments issued with such estimates will be legally binding by the Employer for payment;
- e) Failure to make a payment will result in interest and penalties charged on overdue amounts.



VUYO MAFATA**COMPENSATION COMMISSIONER****DATE** 2022/02/15



employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA



CF-1C FORM: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993
APPLICATION FOR EMPLOYER DEREGISTRATION

Section A – Applicant’s details

Name of Employer

CF Registration No

UIF Registration No

CIPC Registration No

SARS Tax No

Business Address

City/Town

Province

Code

Employer Telephone No

Mobile Telephone No

Employer’s email address

Consultant’s email address

Consultant’s Telephone No

Do you have another CF Registration Number and if yes, please furnish us with it?

CF Registration No

- Reason for deregistration: (please tick box) must be send proof on the below
- Liquidation/Sequestration
 - Cease Trading/No employees
 - Amalgamation
 - Sold/Taken Over
 - Deceased
 - Other (Please state.....)





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Section B – Furnish the following documents

	<i>Please tick</i>		<i>Office use only</i>	
	Yes	No	Yes	No
Liquidation/Sequestration:				
1. Court documents				
2. Proof of CIPC deregistration				
3. Proof of UIF deregistration				
4. Certified copies of Directors/Owner's ID (all)				
Cease Trading/No employees:				
1. Proof of UIF deregistration				
2. Proof of CIPC deregistration				
3. Certified copies of Directors/Owner's ID (all)				
4. Any other proof of deregistration				
Amalgamation:				
1. Signed Sales Agreement				
2. Proof of CIPC certificate				
3. Proof of UIF deregistration				
4. Certified copies of Directors/Owner's ID (all)				
Sold/Take Over:				
1. Signed Agreement				
2. Proof of CIPC certificate				
3. Proof of UIF deregistration				
4. Certified copies of Directors/Owner's ID (all)				
Deceased Owner:				
1. Proof of residential address				
2. Proof of UIF deregistration				
3. Death Certificate				

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:	

