



CF-1B: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993

APPLICATION FOR CHANGE OF NATURE OF BUSINESS

Section A – Applicant's details

Name of Employer	
CF Registration No	9 9
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	

Section B – Requirements for the change of nature of business

NB: In terms of section 80(3) of COIDA, employers must notify the Commissioner within 7 calendar days of any change in particulars.

Any failure to comply with this requirement shall be guilty of an offence. The change in business activities and re-classification of business entity will be effective from the date of receipt of request by the Compensation Fund.

Date of change of nature of business

Detailed description of the nature of business activities: (if the space is not sufficient, submit on a company's letter head and signed by the company's authorised person (with a company's stamp, if available))



NO

List of at least 5 of your clients with their contact details and indicate the goods/services provided to them

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Compensation Fund
WORKING FOR YOU



Section C – Provide the following documents

Supporting documents	Please tick		Office use only	
	Yes	No	Yes	No
1. A latest Annual Report/Annual Financial Statement				
2. A proof of business physical address				
3. Pictures of the business operations				

Failure to fully complete the Form will delay the finalisation of your request

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.

NB. If using the service of the Consultant, both the Employer and the Consultant must sign this form

Employer Representative/Delegated Official/Employer

Signature:	
Name and Surname:	
Date:	
Capacity:	

Consultant

Signature:	
Name and Surname:	
Date:	
Capacity:	

for Office Use

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