

# NATIONAL TEXTILE BARGAINING COUNCIL

All correspondence to be addressed to:

Email: [secretary@ntbc.org.za](mailto:secretary@ntbc.org.za)

Tel: (031) 307 1860

[www.ntbc.org.za](http://www.ntbc.org.za)

3rd FLOOR, JAMES BOLTON HALL, 127 MAGWAZA MAPHALALA STREET (GALE STREET), UMBILO, 4001

## EMPLOYERS REGISTRATION FORM

Company Name (Registered Name)	
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Trade Name	
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Is the Company a: (✓ appropriate block):

Sole Proprietor	<input type="checkbox"/>	(Pty) Limited	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>
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**Business Address:**

Physical			
	Postal Code		

Postal			
	Postal Code		

Tel Number	( )
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Fax Number	( )
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E-Mail Address	
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Date of Commencement of Business	
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Reg/CK No	
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Dept of Labour Ref.No.	
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UIF Reg No	
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SARS Reg. No	
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Number of Employees at date of registration with Council (This will be those employees who fall within the scope of the Council's Collective Agreement applicable to the sub – sector / section concerned)	
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Total number of persons employed by the business (The figure is inclusive of all employees who fall within and outside the scope of the Council's Collective Agreement)	
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**Payment of Wages:** (✓ appropriate block): **Method of Payment:** (✓ appropriate block):

Weekly Only		Monthly Only		Weekly & Monthly	
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Cash or Cheque		Electronic Bank Transfer	
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**Representation:**

Is your company a member of an Employer Organisation	Yes	No
If Yes, Name		

Are any of your employees members of a trade union	Yes	No
If Yes, which union		

**Contact details of person responsible for submission of Bargaining Council Levy and other returns:**

Weekly paid employees	Name:	Tel No:
Monthly paid employees	Name:	Tel No:

**Main Processes and Products:**

Detail the Main Processes & Products of your Company	

**Which of the following best describes your manufacturing operations:** (✓ appropriate block)

<b>Woven, Crochet &amp; Knitted Narrow Fabric Sub-sector</b>	
<b>Manufactured Fibres Sub-sector</b>	
<b>Carpets Sub-sector</b>	
<b>Wool and Mohair Section</b>	
<b>Worsted Section</b>	
<b>Woven Cotton, Textile products Sub-sector</b>	
<b>Home Textiles Section</b>	
<b>Blankets Section</b>	
<b>Non – Woven Textiles Sub - sector</b>	

**Directors/Partners/Members/Owner**

Please add in additional names of Directors if necessary. A photocopy of each Director's ID document must accompany this registration form.

If the business is registered as a close corporation and the registered owner is a nominee, please be sure to provide the name of the actual owner.

Full Names	Residential Address	I.D Number	Cell No.
1.			
2.			
3.			
4.			
5.			

***I hereby confirm that I have full authority on behalf of the Company to accept registration and that the information contained herein is to the best of my knowledge true and correct.***

Signature of Employer or authorised Agent:		Name:	
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Capacity:		Date:	
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**FOR OFFICE USE:**

NTBC No:		Date of Registration with Council:	
Contribution/s From		Other Conditions:	
SIGNATURE: (NTBC)		Date:	