

NATIONAL TEXTILE BARGAINING COUNCIL

All correspondence to be addressed to:

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 DALBRIDGE, 4014
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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):

Weekly Only		Monthly Only		Weekly & Monthly	
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Method of Payment: (✓ appropriate block):

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)

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

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:	