FURNITURE BARGAINING COUNCIL

Unit 2, Ground[t] Floor ♦ Block C ♦ Hadefields Office Park ♦ 1267 Pretorius Street ♦ Hatfield ♦ Pretoria
Correspondence to be addressed to: THE REGIONAL MANAGER ♦ Post Office Box 57086 ♦ Arcadia ♦ 0007
Telephone (012) 323-2700 ♦ e-mail pretoria@furnbed.co.za ♦ Website www.furnbed.co.za

REGISTRATION AS AN EMPLOYER

In terms of the Collective Agreement for the Furniture, Bedding and Upholstery Manufacturing Industry, I/We, as employer/s in this Industry hereby furnish you with the following details in respect of my/our establishment in order to effect my/our registration with the Furniture Bargaining Council: **(Please print. Use black pen)**

Establishment's Registered Name:
Establishment's Trading Name:
Close Corporation or Company Number: *(Attach a copy of Certificate of Registration if a Company or Closed Corporation)*

Physical Address where manufacturing takes place (no. and name of street):			
Suburb:	District/City/Town:	Province:	
Postal Code:			
Postal Address		Postal Code:	
Telephone Number (Area code and Number)		Establishment's Normal/Ordinary Hours of Work:	
Fax Number (Area code and Number)			
Cellphone Number		Hours: Hours:	
Email Address		Pay week ends on:	

Main/Primary Manufacturing Activity (Please tick) **NB:** Tick only the establishment's **Main/Primary** Manufacturing Activity	01 – Household Furniture – Lounge Goods		08 – Furniture Restoration	
	02 – Household Furniture – Case Goods		09 – Furniture Components	
	03 – Office Furniture – Case Goods		10 – Bedding Components	
	04 – Office Furniture – Seating		11 – Outdoor Furniture	
	05 – Kitchen/Built-in Cupboards/Bars		12 – Shopfitting	
	06 – Bedding		13 – Wooden Doors and Door Frames	
	07 – Re-upholstery		14 – Cutting, Edging, Drilling and Routering	

Date commenced manufacturing in the Industry: (DD/MM/YYYY)	
Total number of employees employed by establishment:	
Total Number of employees liable for Registration with the Council:	
Name of business previously conducted in the Industry (if any):	
Is this establishment a member of the Furniture, Bedding and Upholstery Manufacturers Association – **FBUMA**?	YES NO

First Name/s, Surname/s, Identity Number/s, Residential Address/es & Telephone Number/s of Proprietor, Partners, Member/s or Director/s:				
1. First Name:	Surname:		ID No:	
Residential Address:			Tel No.	-
2. First Name:	Surname:		ID No:	
Residential Address:			Tel No.	-
3. First Name:	Surname:		ID No:	
Residential Address:			Tel No.	-

All information as given above is certified to be true and correct.

Signed at …….…… on this ……..…… day of ……..…… 20……

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Signature/s of above named Proprietor, Partners, Member/s or Director/s

FOR OFFICE USE ONLY - REGISTRATION
Registration Fee Receipt Number: ……
Industry Registration Number: ……..……
Registration Date…….
Province: ……..……
Admin Office: ……..
Agent Area: ……..……
Registration Type: ..……

FOR OFFICE USE ONLY – CONTRIBUTIONS
Contributions Start Date: ……..
Council levies from: ……..
Leave Pay Fund from: ……..
Holiday Bonus Fund from: ……..……
Full Contributions From: ……
Newly Established Small Employer Concession From:……..