# FURNITURE BARGAINING COUNCIL

North Block ♦ 39 Empire Road♦ Parktown Ext ♦ Johannesburg
Correspondence to be addressed to: THE GENERAL SECRETARY ♦ Post Office Box 32789 ♦ Braamfontein ♦ 2017
Telephone (011) 242-9200 ♦ e-mail council@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:**<br>*(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 Weekly Hours of Work: |
| **Fax Number** (Area code and Number) | | |
| **Cellphone Number** | | Hours: Minutes: |
| **Email Address** | | Pay week ends on: |

| | | | | |
|---|---|---|---|---|
| **Main/Primary Manufacturing Activity (Please tick)**<br>**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, Director/s, Payroll Administrator and/or any Other **duly authorised person** liable for compliance in your establishment:

| | | | | |
|---|---|---|---|---|
| 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.

Any changes to the above information, remains the responsibility of the **duly authorised person/s** listed above, to notify the Council by completing an *Amendments to Registration Details* form.

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:……**