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 ♦ Facsimile (011) 482-6420 ♦ 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: *(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) **NB:** Tick only the establishment's **Main/Primary** Manufacturing Activity	01 – Household Furniture – Lounge Goods		07 – Re-upholstery	
	02 – Household Furniture – Case Goods		08 – Furniture Restoration	
	03 – Office Furniture – Case Goods		09 – Furniture Components	
	04 – Office Furniture – Seating		10 – Bedding Components	
	05 – Kitchen/Built-in Cupboards/Bars		11 – Outdoor Furniture	
	06 – Bedding			

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……

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:……