



## FURNITURE BARGAINING COUNCIL

Suite 1 & 2 ♦ Reitz Park ♦ 80 President Reitz Avenue ♦ Westdene ♦ Bloemfontein ♦ 9301  
 Correspondence to be addressed to: THE PROVINCIAL MANAGER ♦ Post Office Box 3914 ♦ Bloemfontein ♦ 9300  
 Telephone (051) 447-1807 ♦ Facsimile (051) 447-2554 ♦ e-mail [freestate@furnbed.co.za](mailto:freestate@furnbed.co.za) ♦ Website [www.furnbed.co.za](http://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)**

<b>Establishment's Registered Name:</b>
<b>Establishment's Trading Name:</b>
<b>Close Corporation or Company Number:</b> <i>(Attach a copy of Certificate of Registration if a Company or Closed Corporation)</i>

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

<b>Main/Primary Manufacturing Activity (Please tick)</b> 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 – <b>FBUMA</b> ?							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**

**FOR OFFICE USE  
ONLY -  
CONTRIBUTIONS**