



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: <i>(Attach a copy of Certificate of Registration if a Company or Closed Corporation)</i>

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: Hours: Minutes: Pay week ends on:
Fax Number (Area code and Number)	-	
Cellphone Number	-	
Email Address		

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 Routers	

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: