

ACKNOWLEDGMENT AND CONSENT

_____ (name of the company) hereby confirms:

1. that the information recorded herein and attached to this Application for Registration and / Re-Print Certificate is correct;
2. agrees to comply with all the Provisions of the Council's Main Agreement in force and as amended from time to time and hereby accepts personal Liability for all payments due to my employees as prescribed by the Councils Main Agreement.
3. that it is the Company's duty to update the information contained herein and attached hereto as soon as reasonably possible and the failure to do so is at the Company's peril.
4. The Company hereby accepts that the Council may retain the companies information; process it for the defined purposes set out in terms of the Council's POPI Policy (a copy of which will be made available upon request), store said information and, if necessary, share said information to external third parties.
5. In signing this agreement, the Company consents to same.

SIGNATURE

DESIGNATION

DATE

CHECK LIST

Have you attached the following documentation?

NEW APPLICATION		
1	Complete Application Form	
2	<u>Certified</u> Copy of Identity Document of all shareholders / members	
3	Copy of Company Documents (CK / CIPC Certificate)	
4	Tax Clearance Certificate (for Co-ops and Sole Traders)	
5	Proof of Residence of all Directors / members (not older than 3 months)	
6	Proof of Address for Business	
7	Proof of Payment	
8	Attach list with all Directors names, email addresses and contact numbers	
9	Confirmation of Company Banking Details	

RE-PRINT OF CERTIFICATE

1	Complete Application Form	
2	<u>Certified</u> Copy of Identity Document of all Director / Members	
3	Copy of Company Documents (CK / CIPC Certificate)	
4	Confirmation of Company Banking Details	

IMPORTANT NOTICE

Please note that this Council provides training once a month for new employer registrations. At this training there will be the following presentations:

Dept of Labour and Employment
NBC
Healtcor
BCCCI

UIF
Provident Fund and all the benefits
Family Medical Crisis plan and all the benefits
Council's Main Collective Agreement and the responsibilities of the Employer

For further information, please contact 031 3034959 or send an email to:
trainingadmin@bccci.co.za

15/21 WOODFORD GROVE
STAMFORD HILL 4000
TEL (031) 303 4959
E-mail Address: registrations@bccci.co.za

P O BOX 47435
GREYVILLE 4023

Website Address: <https://bccci.co.za>

TERMS AND CONDITIONS

1 The registration fee of **R900 applicable 1st October 2023** is payable for new registrations

2 In order for us to process your Registration certificate, please deposit the correct fee of R900.00 and forward the deposit slip with a fully completed application form by email or hand deliver it to our offices.

3 Non Payment of reprints are only applicable to companies that are trading and paying levies to the Council and are currently complaint.

4 Companies who become dormant for a period of 18 months (not trading or paying Council levies) will be de-registered and would be required to re-register and a full registration fee will be applicable. The entire procedure will need to be carried out again once they have been de- registered, and full fee will be charged.

5 Our banking details:

Standard Bank

Account No 250910942

Current Account

Branch Code: 051001

Reference: Name of Company that your are registering

6 The reference on the deposit slip should be the registered name of your company as per the CK / CIPC documents, or the name of the Sole Trader

7 Ensure that you make the correct deposit amount. Any overpayments / refunds will attract an administration fee.

8 No copies or certification of documents will take place at the Council

9 The application process will only start once ALL your documentation is received. Should your application not meet with Council requirements, it will be placed on hold and process will only take effect once all the information is received.

10 Should the certificate be collected on behalf of a Company, a letter authorising the person collecting the certificate from the Council must be presented together with the correct identification.

11 **REGISTRATION TIMES**

MONDAY - THURSDAY 09:00 - 15:00

FRIDAYS - **CLOSED**

12 The Council will not entertain any requests for "**URGENT**" processing of certificates

13 Please allow at least 5 working days from date of submission for your application to be processed

14 Submit your completed documents by email to:
registrations@bccci.co.za

15 We will email you once your certificate is ready for collection.

16 Any Certificates **NOT** collected within 3 months from date of issue, will be discarded.

I, _____ (print name surname) have read and understand the Terms and Conditions.

SIGNATURE

DESIGNATION

DATE