



## FURNITURE BARGAINING COUNCIL

5<sup>th</sup> Floor ♦ Sondagskoolgebou ♦ 154B Maitland Street ♦ Bloemfontein

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 ♦ Website www.furnbed.co.za

### REGISTRATION AS AN EMPLOYER

In terms of the Collective Agreement for the Furniture, Bedding, Upholstery and Curtain Manufacturing Industry, I/We, as employer/s in the 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)		
<b>Fax Number</b> (Area code and Number)		<b>Cellphone Number</b>
<b>E-mail Address:</b>		

<b>Main/Primary Manufacturing Activity</b> <b>(Please tick)</b> <b>NB:</b> Tick only the establishment's Main/Primary Manufacturing Activity	01 – Household Furniture	05 – Re-upholstery
	02 – Office/Industrial Furniture	06 – Furniture Restoration
	03 – Kitchen/Built-in Cupboards	07 – Curtaining
	04 – Bedding	08 – Components

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
Is This establishment a member of the Curtain Makers and Allied Products Association – <b>CMAPA</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

<b>FOR OFFICE USE ONLY - REGISTRATION</b>
Registration Fee Receipt Number: .....
Industry Registration Number: .....
Registration Date: .....
Province: .....
Admin Office: .....
Agent Area: .....
Registration Type: .....

<b>FOR OFFICE USE ONLY – CONTRIBUTIONS</b>
Contributions Start Date: .....
Council levies from: .....
Leave Pay Fund from: .....
Holiday Bonus Fund from: .....
Full Contributions From: .....
Newly Established Small Employer Concession From: .....