



FURNITURE BARGAINING COUNCIL

Room 1101 ♦ 11th Floor ♦ Arcadia Centre ♦ 130 Beatrix Street ♦ Arcadia ♦ Pretoria
 Correspondence to be addressed to: THE REGIONAL MANAGER ♦ Post Office Box 57086 ♦ Arcadia ♦ 0007
 Telephone (012) 323-2700 ♦ Facsimile (012) 323-9841 ♦ e-mail pretoria@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)**

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)		
Fax Number (Area code and Number)		Cellphone Number
E-mail Address:		

Main/Primary Manufacturing Activity (Please tick) NB: 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 – FBUMA ?							YES	NO
Is This establishment a member of the Curtain Makers and Allied Products Association – CMAPA ?							YES	NO

First Name/s; Surname/s; Residential Address/es; Telephone Number/s & Identity 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: