

# NATIONAL BARGAINING COUNCIL

for the Hairdressing - Cosmetology - Beauty & Skincare Industry

Fax: (011) 760-1274

Tel: (011) 760-1685

## ANNEXURE B

### APPLICATION FOR REGISTRATION OF AN EMPLOYEE

**Notes:** - Complete ALL questions please.

AGENT	
DIVISION/ AREA	

#### 1. EMPLOYEE'S DETAILS:

Surname:	
Maiden Surname: ( <i>where applicable</i> ):	
Full names:	
Initials:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Title: ( <i>mark with an X</i> )	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.  <input type="checkbox"/> Other ( <i>specify</i> ) _____

<p><b>Gender: (mark with an X)</b></p>	<p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p>																				
<p><b>Race: (mark with an X)</b></p>	<p><input type="checkbox"/> Black      <input type="checkbox"/> White  <input type="checkbox"/> Coloured      <input type="checkbox"/> Indian  <input type="checkbox"/> Other: (Specify)  <hr/></p>																				
<p><b>Date of Birth: (YEAR/ MONTH/DAY)</b></p>	<p>Y <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> M <input type="checkbox"/><input type="checkbox"/> D <input type="checkbox"/><input type="checkbox"/></p>																				
<p><b>Identity or Passport number: (mark with an X)</b></p> <p>ID Number:      <input type="checkbox"/></p> <p>Passport Number:      <input type="checkbox"/></p>	<table border="1" data-bbox="667 1198 1329 1281"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				
<p><b>Job Description: (for example: Qualified Stylist, Operator, Learner, Student etc.)</b></p>	<hr/> <table border="1" data-bbox="667 1601 1010 1684"> <tr> <td>Work Code:</td> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	Work Code:																			
Work Code:																					
<p><b>If you are: a <u>STUDENT (CITY AND GUILDS)</u></b></p>	<p><b>City and Guilds:</b>      <input type="checkbox"/></p> <p><b>Service SETA:</b>      <input type="checkbox"/></p>																				

<p><b>OR</b></p> <p>a <u>LEARNER (SERVICES SETA)</u>, please complete the following:</p>	<p><b>Level Completed:</b></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p><b>Under Contract:</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>(attach copy of Contract)</i></p>
<p><b>Salon Name:</b></p>	
<p><b>Start date at Salon:</b> <i>(YEAR/MONTH/DAY)</i></p>	<p>Y <input type="text"/><input type="text"/><input type="text"/><input type="text"/> M <input type="text"/><input type="text"/> D <input type="text"/><input type="text"/></p>
<p><b>End date at Salon:</b> <i>(If applicable)</i> <i>(YEAR/MONTH/DAY)</i></p>	<p>Y <input type="text"/><input type="text"/><input type="text"/><input type="text"/> M <input type="text"/><input type="text"/> D <input type="text"/><input type="text"/></p>
<p><b>Employee's Physical Address:</b></p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Code:</b></p> <p><b>Employee's Postal Address:</b></p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Code:</b></p> <p><b>E-MAIL ADDRESS:</b></p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p style="text-align: center;">@</p> <hr/> <hr/>
<p><b>Employee's contact details:</b></p>	<p>(W) Code _____ Tel _____</p> <p>No _____</p>

	(H) Code _____ Tel No _____ Cell _____
Employee's basic salary:	R □□ □□□□, □□
Do you have an <b>EXEMPTED</b> basic salary?  YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(if YES, please indicate exempted salary)</i>	R □□ □□□□, □□
Salary Exemption <b>START</b> date: <i>(YEAR/MONTH/DAY)</i>	Y □□ □□ M □□ D □□
Salary Exemption <b>END</b> date: <i>(YEAR/MONTH/DAY)</i>	Y □□ □□ M □□ D □□
Do you have a different basic salary for Sick Pay Fund deductions?  YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If YES, please complete salary block)</i>	R □□ □□□□, □□

**2. UNION MEMBERSHIP:**

Are you a member of the Union? <i>(Mark with X)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>																
If yes, please indicate your Union number:	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																

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Date you joined the Union: (YEAR/MONTH/DAY)	Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> D <input type="text"/> <input type="text"/>
Date you resigned from the Union: (If applicable) (YEAR/MONTH/DAY)	Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> D <input type="text"/> <input type="text"/>

### 3. NATIONAL PENSION FUND DETAILS:

Are you a member of the National Pension Fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, do you have an approved exemption from the National Pension Fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date started with the National Pension Fund: (YEAR/MONTH/DAY)	Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> D <input type="text"/> <input type="text"/>
Date resigned from the National Pension Fund: (if applicable) (YEAR/MONTH/DAY)	Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> D <input type="text"/> <input type="text"/>
Are you a <b>CONTINUATION MEMBER</b> of the National Pension Fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>

### 4. EMPLOYEE'S PERSONAL TAX DETAILS:

*(It is law that all employees, whether tax is deducted or not, must be registered with SARS)*

Are you registered for PAYE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Your Tax Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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**5. NATIONAL SICK PAY FUND MEMBERSHIP:**

Are you a member of the National Sick Pay Fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>If NO</u> , do you have an approved exemption from the National Sick Pay Fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Starting date with National Sick Pay Fund: (YEAR/MONTH/DAY)	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/>
Resignation date from National Sick Pay Fund: (if applicable) (YEAR/MONTH/DAY)	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/>
National Sick Pay Fund membership number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Are you a National Sick Pay Fund <u>CONTINUATION MEMBER</u> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**5. NATIONAL SICK PAY BENEFIT FUND DETAILS:***(applicable to Kwa-Zulu Natal and Western Cape Regions only)*

Are you a member of the National Sick Pay Benefit Fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>If NO</u> , do you have an approved exemption from the National Sick Pay Benefit Fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Starting date with National Sick Pay Benefit Fund: (YEAR/MONTH/DAY)	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/>
Resignation date from the National Sick Pay Benefit Fund: (if applicable)	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/>

<i>(YEAR/ MONTH/DAY)</i>	
Are you a National Sick Pay Benefit <u>CONTINUATION</u> MEMBER ?	YES <input type="checkbox"/> NO <input type="checkbox"/>

I/ the ABOVE-STATED EMPLOYEE, by MY/OUR SIGNATURES hereunder do hereby CERTIFY and WARRANT THAT :

1. ALL PARTICULARS CONTAINED IN THIS REGISTRATION APPLICATION ARE CORRECT.

SIGNED ON THIS \_\_\_\_\_ (DAY) OF \_\_\_\_\_ (MONTH) 20 \_\_\_\_\_

\_\_\_\_\_  
PRINT NAMES IN FULL

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
PRINT NAMES IN FULL

\_\_\_\_\_  
Legal Owner/s SIGNATURE

\_\_\_\_\_  
PRINT NAMES IN FULL

\_\_\_\_\_  
Legal Owner/s SIGNATURE

\_\_\_\_\_  
PRINT NAMES IN FULL

\_\_\_\_\_  
Legal Owner/s SIGNATURE