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| Application for registration as an Employer with INSETA Physical Address: 37 Empire Road, Parktown, Johannesburg Postal Address: P.O. Box 32035, Braamfontein, 2017, JohannesburgPhone: (011 381 8900 | Website: [www.inseta.org.za](http://www.inseta.org.za)  |
| **BACKGROUND** |

INSETA requires all companies to complete this form to register with the INSETA as a Levy and Non-levy paying member. Such registration will allow INSETA to offer eligible compliant employers within INSETA jurisdiction, the benefits of applying for Skills Development funding opportunities. Employers must update their details annually with INSETA when completing the Workplace Skills Plan. Companies are responsible to ensure that they appoint a qualified Skills Development Facilitator (SDF) to act of their behalf. This SDF information must be submitted along with this form when registering for the first time. Should a company not be in a position to afford an external SDF or appoint and internal SDF, then the company may give permission to INSETA in this form to act as the SDF on behalf of the Company. *This (SDF) service is only available to Small companies with less than 49 employees in the business.*

Medium and Large Businesses are expected to ensure that they appoint their own internal or external qualified SDF. The SDF must sit on the Employment Equity Committee, Training Committee, and related committees within the organisation in a Skills Development Advisory Capacity*.*

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| **ORGANISATION CONTACT PERSON (FOR COMMUNICATION OF INSETA FUNDING DEPOSITS AND LEVY REBATES WHERE APPLICABLE)** |
| TITLE: |  | FIRST NAME: |  |
| SURNAME: |  | JOB TITLE: |  |
| CELL NUMBER: |  | OFFICE NUMBER: |  |
| EMAIL ADDRESS: |   |
| **CEO /DIRECTOR/MD DETAILS IF DIFFERENT FROM ABOVE** |
| NAME**:** |  | SURNAME**:** |  |
| CELL NUMBER: |  | OFFICE NUMBER: |  |
| EMAIL ADDRESS: |  |
| **PERSONAL ASSISTANT (CEOs PA) DETAILS** |
| NAME: |  | SURNAME**:** |  |
| CONTACTNUMBER: |  | OFFICENUMBER: |  |
| EMAIL ADDRESS: |  |
| **CFO DETAILS** |
| NAME: |  | SURNAME: |  |
| CELLNUMBER: |  | OFFICENUMBER: |  |
| EMAILADDRESS: |  |
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| **ORGANISATION DETAILS – FOR COMMUNICATION PURPOSES ONLY** |
| TRADING NAME: |  |
| PHYSICAL ADDRESS: |  |
|  | PHYSICAL CODE: |  |
| POSTAL ADDRESS: |  |
|  | POSTAL CODE: |  |
| OFFICE LANDLINE NUMBER |  |
| PROVINCE OF MAIN HOLDING COMPANY |  |
| WHICH PROVINCES DOES THE COMPANY ALSO HAVE BRANCHES? **PLEASE TICK** |
| EC |  | FS |  | GP |  | KZN |  | LP |  | MP |  | NC |  | NW |  | WC |  |
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| BEE LEVEL – PLEASE INDICATE YOUR BEE LEVEL AND ATTACH A COPY OF YOUR BEE-CERTIFICATE. |
| L1 |  | L2 |  | L3 |  | L4 |  | L5 |  | L6 |  | L7 |  | L8 |  |
| EXEMPTED |  | NON-COMPLIANT |  | ATTACH AFFIDAVIT IF THERE IS NO BEE CERTIFICATE |
| TOTAL ANNUAL PAYROLL FOR THE END OF THE PREVIOUS FINANCIAL YEAR | R |
| PLEASE INDICATE YOUR ORGANISATION’S FINANCIAL PERIOD (e.g. JAN – DEC) |  |
| TURNOVER FOR THE PREVIOUS FINANCIAL PERIOD OF YOUR ORGANISATION | R |
| PAY-AS-YOU-EARN (PAYE) NUMBER |  |
| FINANCIAL SERVICE PROVIDER (FSP) NUMBER (ATTACH A COPY)  |  |
| UNEMPLOYMENT INSURANCE FUND (UIF) NUMBER |  |
| COMPANY REGISTRATION NUMBER (CIPS) |  |
| TYPE OF YOUR ENTITY (PLEASE TICK) | NON-GOVERNMENT ORGANISATION (NGO) |  | SOLE PROPRIETOR |  |
| COMMUNITY-BASED ORGANISATION (CBO) |  | PARTNERSHIP |  | SECTION 21 |  | PTY LTD |  | CC |  |
| **COMPANY CLASSIFICATION DETAILS** |
| **The SIC CODE (Standard Industrial Classification Code) is the code that matches the employer’s main business activity. While more than one code may be applicable, the employer must select ONE code that best describes the core activities. The SIC code may have changed from one year to another as the main business focus of the employer changes. Tick the code that describes your core business activities.** |
| **CODE** | **DESCRIPTION** | **TICK** |
| 82191 | SHORT-TERM INSURANCE |  |
| 82110 | LIFE INSURANCE |  |
| 82120 | PENSION FUNDING |  |
| 82100 | INSURANCE AND PENSION FUNDING |  |
| 81902 | RISK MANAGEMENT |  |
| 82131 | HEALTH CARE ADMINISTRATOR |  |
| 81901 | UNIT TRUST |  |
| 82192 | FUNERAL INSURANCE |  |
| 82193 | RE-INSURANCE |  |
| 83000 | ACTIVITIES AUXILARY TO FINANCIAL INTERMEDIATION (e.g. BROKERAGES) |  |
| **DESCRIBE THE CORE BUSINESS ACTIVITES IN DETAILS HERE****(COMPULSORY)** |  |

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| **SKILLS DEVELOPMENT FACILITATOR (SDF) DETAILS ( if nominated by the Company )** |
| **TITLE:**  |  | **FIRST NAMES** |  |
| **SURNAME** |  | **IDENTITY NUMBER** |  |
| **GENDER** | **F** |  | **M** |  | **POPULATION GROUP** | **A** |  | **C** |  | **I** |  | **W** |  | **OTHER** |  |
| **DISABILITY** | **Y** |  | **N** |  | **HOME LANGUAGE** |  | **NATIONALITY** |  |
| **CITIZEN RESIDENTIAL STATUS** |  | **SOCIO ECONOMIC STATUS** |  |
| **TELEPHONE NUMBER** |  | **CELL NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **PHYSICAL CODE** |  | **PHYSICAL ADDRESS 1** |  |
| **PHYSICAL ADDRESS 2** |  |
| **POSTAL CODE** |  | **POSTAL ADDRESS 2** |  |
| **POSTAL ADDRESS 2** |  |
| **HIGHEST QUALIFICATION** |  |
| **CURRENT OCCUPATION** |  | **YEARS IN OCCUPATION** |  |
| **OTHER EXPERIENCE** |  |
| **HAVE YOU COMPLETED A SDF TRAINING PROGRAMME PROVIDED BY AN ACCREDITED TRINING PROVIDER** | **Y** |  | **N** |  |
| **NAME OF THE ACCREDITED TRAINING PROVIDER** |  |
| **GENERAL COMMENTS** |  |
| **ARE YOU AN EXTERNAL CONSULTANT ACTING FOR EMPLOYER *(PLEASE TICK THE APPLICABLE BOX*)** | **Y** |  | **N** |  |
| **WILL YOU PERFORM YOUR SDF FUNCTION IN RESPECT OF** | **SINGLE ESTABLISHMENT** |  | **GROUP OF ORGANISATION** |  |
| **SINGLE BRANCH OF THE ORGANISATION** |  | **OTHER PLEASE SPECIFY** |  |
| **PLEASE INDICATE THE METHOD OF APPOINTMENT TO SDF POSITION *(PLEASE TICK THE APPLICABLE BOX, COMPANIES WITH MORE THAN 50 EMPLOYEESSHOULD FOLLOW A CONSULTATIVE PROCESS IN APPOINTING AN SDF)*** |
| **APPOINTED BY THE EMPLOYERS** |  | **SELF-APPOINTED** |  | **NOMINATED BY THE EMPLOYER** |  |
| **OTHER, PLEASE SPECIFY** |  |
| **I WISH TO HAVE AN INSETA APPOINTED SDF ( TICK)** |  |

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| **AUTHORISATION** |
| INSETA reserves the right to independently verify information supplied & Site Visits are conducted on all new companies registering with INSETA. The responsibility for the correctness of this document resides with the employer.  |
| NAME AND SURNAME OF AUTHORISED SIGNATORY |  |
| POSITION IN THE ORGANISATION |  |
| SIGNATURE |  | DATE |  |

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