



**employment & labour**  
 Department:  
 Employment and Labour  
 REPUBLIC OF SOUTH AFRICA



**CF-1E FORM: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993**  
**APPLICATION FOR THE PRIVATE DOMESTIC WORKER EMPLOYER REGISTRATION**

**Section A – Employer’s details**

Full Names

Surname

Nationality

ID Number

Passport Number/ Work Permit

Mobile Number

Alternative Mobile No.

Employer’s email address

UIF Registration Number

Residential address

Code

Province





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**Section B – Particulars of the Spouse/Partner**

Full Names	<input style="width: 540px; height: 25px;" type="text"/>
Surname	<input style="width: 540px; height: 25px;" type="text"/>
Nationality	<input style="width: 540px; height: 25px;" type="text"/>
ID Number	<input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/>
Passport Number	<input style="width: 540px; height: 25px;" type="text"/>
Mobile Number	<input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/>
Alternative Mobile No.	<input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/> <input style="width: 50px; height: 25px;" type="text"/>
Email address	<input style="width: 520px; height: 25px;" type="text"/>





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**Section C – Particulars of the Employee/s**

Full Names

Surname

Nationality

ID Number

Passport Number/ Work Permit

Stay in worker  YES  NO

Residential address



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**Section D – Earnings and Duties of the Employee/s**

Number of domestic workers employed

Date on which first employee was appointed  Y  Y  Y  Y  M  M  D  D

Total Earnings (01/03/2020 to 28/02/2021) (A)

Total cash value of food and lodging provided by employer (B)

Total cash value of other in-kind benefits (C)

TOTAL EARNINGS (Sum of A+B+C above)

**DUTIES (please tick)**

- Cleaning
- Laundry & Ironing
- Cooking
- Care for Children
- Feeding & caring for pets
- Light garden duties
- Caring for the elder
- OTHER

Please Indicate: -----

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### Section E – Banking Details and Declaration

Banking details will only be used for refunds

Account Holder :

Bank Name :

Branch Code :

Type of Account :

Account Number :

### Section F – Provide the following documents

	Please tick		Office use only	
	Yes	No	Yes	No
<b>Employer</b>				
1. A copy of the Identification /Passport/Work Permit (Employer)				
2. A Proof of the Residential Address				
3. A copy of the Identification/Passport/Work Permit (Employee/s)				
4. A copy of the employment contract (if available)				

*I confirm that the information given in this form is true, complete and accurate.*

*Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.*

<b>Signature:</b>	
<b>Name and Surname:</b>	
<b>Date:</b>	
<b>Capacity:</b>	

