

**ANNEXURE C
REGISTRATION WITH THE BARGAINING COUNCIL
RESTAURANT, CATERING AND ALLIED TRADES**

(Clause 19 of the Collective Agreement as published and extended to non-parties by the Minister)

**3rd Floor, 21 Kruis Street Johannesburg, P.O. Box 30822,
Braamfontein. Tel: (011) 832 1180/1/2/3 Fax: (011) 832 1191/92**



Office use only	
Ref/Acc. No	
Date Received	

Trade Name			
Registered name of company/Trust			
Company/Trust/Close Corporation Registered No			
Postal Address		Code	
Physical Address of of establishment			
Tel. No. () Cell No	Fax. No. ()	E-mail.	

Full name(s) Directors/Member(s)/Trustees/Sole Proprietor

1		Id No.	Tel. No. Cell No.	Residential Address
2		Id No.	Tel. No. Cell No.	Residential Address
3		Id No.	Tel. No. Cell No.	Residential Address
4		Id No.	Tel. No. Cell No.	Residential Address
5		Id No.	Tel. No.	Residential Address
6		Id No.	Tel. No. Cell No.	Residential Address

Are you a member of An Employer's Association?	Yes	No	Name of Employer Association
Date business commenced			

PARTICULARS OF OWN PROVIDENT FUND (IF APPLICABLE)		
Name of fund		
Name of fund administrators		Tel/Fax
Date of inception		
Waiting period if any before Employee may join the fund		
Contribution rate	Employer %	Employee %

PARTICULARS OF EMPLOYEES (REQUIRED BY DEPARTMENT OF LABOUR)

Initials & surname of Employee	Id. No	Date engaged	Name of Trade Union (if applicable)

Employers may attached the pay roll print out if available instead of completing the above.

Type of business (please mark with a X where applicable)

Restaurant		Steakhouse		Roadhouse		Cafe		Bakery	
Caterer Function		Fish & chips		Club		Take away/snack			
Food vendor		Name of agent:							

I certify the above information to be correct Signature of Employer
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OFFICE USE	
Agent Enforcement notified	
Acc. No issued	
Accountant	
Date	