



FEDERATED EMPLOYERS' MUTUAL ASSURANCE CO LTD

Physical address BUILDING 2, 1ST FLOOR
101 CENTRAL STREET
HOUGHTON
2041

Postal address PRIVATE BAG 87109
HOUGHTON
2041

Tel (011) 359-4300

Fax (011) 359-4302

This form must be completed and returned to the company at the above address.

**PROPOSAL FOR INSURANCE
ALL QUESTIONS MUST BE ANSWERED**

- 1 Employer's Trade Name _____
- 2 Full Names of Principals _____
- 3 Subsidiary Companies - seperate registration is necessary. **See note (i) below.**
- 4 Address of Business Premises _____
- 5 Postal Address _____ Tel. No. _____
- 6 Nature of Business (Please be as specific as possible) _____
- 7 Will you carry out work Yes / No
 - 7.1 In or on buildings over two storeys in height? _____
 - 7.2 In or on other structures over twelve metres in height? _____
 - 7.3 Involving tunnelling / shaft sinking / water boring / rock drilling or any other drilling or blasting activities? _____
- 8 Date of Commencement of Business _____
- 9 Bank account details

Name of bank	_____
Branch code	_____ Branch name _____
Account type	_____ Account number _____
Account holder	_____

ESTIMATED WAGES

Compulsory cover for all employees irrespective of earnings. The wages/salaries paid to such employees, including all management, clerical and administrative employees, messengers, drivers of vehicles, site staff, including casual employees, should be declared. (Wages/salaries to be calculated at a maximum of R 292,031 per annum, R 24,336 per month, R 5,616 per week.) The term "wages" includes salaries and payments for constant overtime, cost of living and holiday fund allowances, bonuses of a regular nature, etc.

No. to be employed	Estimate of wages to be paid	TOTAL WAGES TO BE PAID	RATE	PREMIUM

N.B. The wages of employees of subsidiary companies must not be included on this proposal.

See note (ii) below.

Date _____

Signature of Employer or Authorised Agent _____

NOTE

- (i) Subsidiary Companies - A separate registration is necessary for all subsidiary companies. A separate registration form must be completed for any subsidiary company which you wish to register with this company. Particulars of any such subsidiary company and its employees must not be included on this proposal.
- (ii) All Compensation for Occupational Injuries and Diseases policies fall due for renewal on the 1st March of each year, and the estimates appearing herein should be for the financial year ending the 28th February and should include all salaries/wages actually paid since the date of commencement of the business.

(Reg. No. 1936/008971/06)

Directors: N. F. Maas (Chairman), J. R. Barrow, A. Daya*, M. G. Ilsley, G. D. Irons, A. P. H. Jammie, C. S. Jiyane, G. M. Mc Intosh*, H. Ngakane, P. L. Siphayi, H. Walker (* - Executive Directors)
Managing director: T.T. Pugh*, Company secretary: E.J. Willis

FEMUDW6601-20120305-122211



COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
(ACT NO. 130 OF 1993)

(PREVIOUSLY WORKMEN'S COMPENSATION ACT, 1941)
(SECTION 80 - RULES, FORMS AND PARTICULARS OF THE COMPENSATION COMMISSIONER - ANNEXURE 7)

FEDERATED EMPLOYERS' MUTUAL ASSURANCE CO LTD

Physical address BUILDING 2, 1ST FLOOR
101 CENTRAL STREET
HOUGHTON
2041

Postal address PRIVATE BAG 87109
HOUGHTON
2041

Tel (011) 359-4300
Fax (011) 359-4302

This form must be completed and returned to the company at the above address.

REGISTRATION OF EMPLOYER

Instructions: Please use block letters. Mark with an X where applicable. Additional information may be supplied on a separate page if insufficient space is provided.

WCC Registration number

Company / CC Registration number _____

PART 1: NAME, POSTAL AND PHYSICAL ADDRESS OF BUSINESS

- Sole Proprietor Company Close Corporation Partnership

A separate registration form must be completed in respect of each of the head office, filials or branches.

- 1.2 Trading name of business _____
- 1.3 Registered name of company or close corporation _____
- 1.4 Postal Address _____
- 1.5 Physical address _____
- 1.6 Magisterial district _____
- 1.7 Date on which first employee was employed _____

PART 2: RESPONSIBLE PERSON, DIRECTOR, MEMBER OR PARTNER OF BUSINESS

- 2.1 Surname _____ Initials _____ I.D. No. _____
Designation _____ Residential address _____
Postal code _____

PART 3: PARTICULARS OF OPERATIONS

- 3.1 Specify the nature of the operations _____
- 3.2 Specify the nature of the goods/services, manufactured/rendered/sold _____
 - 3.2.1 Material used in the manufacturing of the goods _____
 - 3.2.2 Nature and extent of construction/erection undertaken _____

DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I certify that the above particulars are correct

FULL NAME _____
DESIGNATION _____
DATE _____ SIGNATURE _____

CONTACT DETAILS	Underwriting	Claims
Contact Person	_____	_____
Telephone No.	Fax. No. _____	Fax. No. _____
Cellular No.	_____	_____
E-Mail address	_____	_____



FEDERATED EMPLOYERS' MUTUAL ASSURANCE CO LTD

Physical address BUILDING 2, 1ST FLOOR
101 CENTRAL STREET
HOUGHTON
2041

Postal address PRIVATE BAG 87109
HOUGHTON
2041

Tel (011) 359-4300

Fax (011) 359-4302

APPLICATION FOR ISSUE OF 1 FULLY PAID ORDINARY SHARE

I/ We hereby make application to the Directors, in terms of the Memorandum and Articles of Association of THE FEDERATED EMPLOYER'S MUTUAL ASSURANCE COMPANY LIMITED, for the transfer of ONE fully paid Ordinary share (nominal value of 2 cents per share).

The Memorandum and Articles of Association provide, inter alia, that :-

For the purpose of transacting any insurance business as a policyholder with this Company, any company, syndicate, association, partnership or person shall acquire shares in the Company of whatsoever class.

Upon ceasing to transact business with the Company, from whatsoever cause (whether at his insistence or at this Company's insistence) a shareholder shall be required by the Board of Directors to transfer his share, without further notice, to some other party nominated by the Board of Directors.

In the event of a member ceasing to transact insurance business as aforesaid the Board of Directors is irrevocably authorised by the Articles to effect a transfer of such member's share and to sign and execute, in such form as the Board approve, any documents of transfer.

Employer's trade name

Full names of principles

Postal address

Postal code _____

Employer or authorised agent

Name _____

Position _____

Witness

Signature _____

Signature _____

Date _____

Date _____

For office use only

Date	Certificate code	Policy number	Region number

(Reg. No. 1936/008971/06)

Directors: N. F. Maas (Chairman), J. R. Barrow, A. Daya*, M. G. Ilsley, G. D. Irons, A. P. H. Jammine, C. S. Jiyane, G. M. Mc Intosh*, H. Ngakane, P. L. Siphayi, H. Walker (* - Executive Directors)
Managing director: T.T. Pugh*, Company secretary: E.J. Willis

FEMUDW0604-20120305-122211