

# Non Levy Paying (NLP) and Skills Development Facilitator (SDF) 2012/2013 Application for Employers **FEWER** than 50 Employees

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## BACKGROUND

Government Gazette, No. 27801, No. R. 713 18 July 2005 allows Setas to provide benefits to employers who are not eligible to pay the Skills Development Levy (SDL) in terms of the Skills Development Levies Act (1998). Fasset requires members to complete this application form in order to register with the Seta as a Non Levy Paying (NLP) member. Such registration will allow Fasset to offer NLP employers benefits such as free training (Lifelong Learning), Learnership Cash Grants (LCGs) and access to learners graduating from Fasset Development Projects. Where the 'NLP Number' is to be entered at the bottom of this document, enter your Fasset NLP registration number. If you are a new registrant, enter your Unemployment Insurance Fund (UIF) Number and ensure you precede it by a U. This form is valid for a maximum of 12 months, or the lesser, as all registrations expire on 30 June of the calendar year. Employers must renew information in this form on or before **30 June** of each year. This form must be completed by firms who employ fewer than 50 people.

**SDF UPDATE** *The SDF is the liaison between the firm and the Seta. All NLPs must elect an SDF who must complete the information below*

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Initials \_\_\_\_\_ Identity Number \_\_\_\_\_

Telephone number (work) \_\_\_\_\_ e-mail address \_\_\_\_\_

*Are you registered with Fasset as a SDF?*

If NO, please complete the questions directly below

NO

If YES, please go to the next section (Organisation Contact)

YES

*For statistical purposes only. Tick if applicable.*

Gender	Population Group	Disability Status	South African Citizen?
Male <input type="checkbox"/>	African <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Female <input type="checkbox"/>	Coloured <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Indian <input type="checkbox"/>		
	White <input type="checkbox"/>		

Highest level of education \_\_\_\_\_

Experience relevant to SDF (*indicate duration in years*)


**OCCUPATIONAL GROUP OF SDF** (*please tick appropriate box*)

Managers	<input type="checkbox"/>
Professionals	<input type="checkbox"/>
Technicians and Associate Professionals	<input type="checkbox"/>
Clerical Support Workers	<input type="checkbox"/>
Service and Sales Workers	<input type="checkbox"/>
Skilled Agricultural, Forestry, Fishery, Craft and Related Trades Workers	<input type="checkbox"/>
Plant and Machine Operators and Assemblers	<input type="checkbox"/>
Elementary Occupations	<input type="checkbox"/>

Current Occupation \_\_\_\_\_

Postal address \_\_\_\_\_

City and province \_\_\_\_\_ Postal code \_\_\_\_\_

Cellphone number \_\_\_\_\_ Telephone number (work) \_\_\_\_\_

Fax number \_\_\_\_\_ e-mail \_\_\_\_\_

Is the SDF employed by an employer in a rural or urban area? (*tick correct box*) Urban  Rural

**ORGANISATION CONTACT** *For communication purposes only. Only complete if different from the SDF details above.*

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Initials \_\_\_\_\_ Job Title \_\_\_\_\_

Cellphone number \_\_\_\_\_ Telephone number (work) \_\_\_\_\_

Fax number \_\_\_\_\_ e-mail \_\_\_\_\_

**SDF APPOINTMENT DETAILS**

Are you a consultant acting for employer?

Please tick the applicable box

Yes

No

Will you perform your SDF functions in respect of:

Single establishment

Single branch of an organisation

Multiple branches of an organisation

Group of organisations

Please indicate the method of appointment to SDF position. Please tick the applicable box. Companies with more than 50 employees should follow a consultative process in the appointment of a SDF.

Appointed by employer

Self-appointed

Nominated by employees

Other, please specify

If representing more than one establishment, please attach a list of names and addresses of all establishments (including both physical and postal addresses).

**ORGANISATION CONTACT DETAILS** Please complete per registration number against which you are affiliated.

Organisation Name \_\_\_\_\_

Postal address \_\_\_\_\_

Postal city &amp; province \_\_\_\_\_ Postal code \_\_\_\_\_

Physical address \_\_\_\_\_

Physical city &amp; province \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone number (work) \_\_\_\_\_ Fax number \_\_\_\_\_

**SIC (STANDARD INDUSTRIAL CLASSIFICATION) CODE DETAILS** Please complete per registration number

The SIC 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. Tick the code that describes your current core business activities.

81904	Investment Entities and Trusts
83110	Administration of Financial Markets
83120	Security Dealing Activities
83121	Stock Broking Activities
83180	Development Corporations and Organisations
83190	Activities Auxiliary to Financial Intermediation
88101	Tax Services
88102	Asset Portfolio Management
88103	Company Secretary Services

88120	Accounting, Bookkeeping and Auditing Activities
88121	Activities of Accountants and Auditors Registered in terms of the Public Accountants
88122	Activities of Cost and Management Accountants
88123	Bookkeeping Activities, including Relevant Data Processing and Tabulating Activities
88140	Business and Management Consultancy Activities
88142	Project Financial Management
91108	South African Revenue Service (SARS)
9110E	Dept of State Expenditure and Finance
Other	

Describe your core business activity/activities \_\_\_\_\_

**PROVINCIAL AND CURRENT EMPLOYMENT PROFILE**

Please report the distribution of the staff (corresponding to the registration number) provincially and according to occupational group. This is defined as the total workforce in respect of whom SDL would have been paid to SARS on behalf of your organisation. Please include all permanent staff including, partners, directors and learners (irrespective of whether or not they are exempt for the SDL). Do not include other employees for whom you do not have to consider paying SDL e.g. temporary workers. Trainee accounting and auditing clerks fall into the Professionals category. Ensure that the Total number of staff reported in this form (in the Province table and the Occupation Categories table) match. For purposes of completing the **DISABLED** column, persons with disabilities are in the first instance categorized along population group and gender lines, and then again as disabled. They are counted when reporting against gender and are specified again in the disabled column.

Province	No.	African			Coloured			Indian			White			Foreign Nationals			Total		
		M	F	D	M	F	D	M	F	D	M	F	D	M	F	D	M	F	D
Eastern Cape		<b>Occupational Categories</b>																	
Free State		Managers																	
Gauteng		Professionals																	
KwaZulu-Natal		Technicians and Associate Professionals																	
Mpumalanga		Clerical Support Workers																	
Northern Cape		Service and Sales Workers																	
Limpopo		Skilled Agricultural, Forestry, Fishery, Craft and Related Trades Workers																	
North West		Plant and Machine Operators and Assemblers																	
Western Cape		Elementary Occupations																	
<b>Total</b>		<b>Total</b>																	

Current Employment Profile @ 1 April 201 \_\_\_\_\_ (insert applicable year)

In the table above:

M = Male

F = Female

D = Person with Disability

**ORGANISATION INFORMATION**

Total annual payroll for the end of the previous financial year \_\_\_\_\_

Please indicate your organisation's financial year (e.g. March-Feb) \_\_\_\_\_

Turnover for the last financial year of your organisation \_\_\_\_\_

Pay-As-You-Earn (PAYE) Number \_\_\_\_\_

Unemployment Insurance Fund (UIF) Number \_\_\_\_\_

**ENTITY INFORMATION**

TYPE OF ENTITY	INCOME TAX OR REGISTRATION NUMBER
Non-Governmental Organisation (NGO)	<i>Tick box if applicable &amp; provide registration number.</i>
Community-based Organisation (CBO)	<i>Tick box if applicable &amp; provide registration number.</i>
Section 21 Company	<i>Tick box if applicable &amp; provide registration number.</i>
Pty Ltd	<i>Tick box if applicable &amp; provide registration number.</i>
Close Corporation CC	<i>Tick box if applicable &amp; provide registration number.</i>
Sole Proprietor	<i>Tick box if applicable &amp; provide registration number.</i>
Partnership	<i>Tick box if applicable &amp; provide registration number.</i>
Other	<i>Tick box if applicable &amp; provide registration number. Provide description of type of entity.</i>

**AUTHORISATION**Name of **Skills Development Facilitator (SDF)** \_\_\_\_\_

Details SDF email: \_\_\_\_\_ telephone: \_\_\_\_\_ fax: \_\_\_\_\_

Signed by Signatory \_\_\_\_\_ Date \_\_\_\_\_

Name of **Authorised Signatory** (e.g. CEO, Managing Partner) \_\_\_\_\_

Position in Organisation \_\_\_\_\_

Details Authorised Signatory email: \_\_\_\_\_ telephone: \_\_\_\_\_ fax: \_\_\_\_\_

Signed by Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_

I declare that this application is to the best of my/our knowledge true and correct. I understand that Fasset may independently verify the information. I also understand that it is an offence in terms of section 33(b) of the Act to knowingly furnish any false information in this application and that I may be fined or imprisoned for one year if found guilty of knowingly furnishing such false information.

This authorisation certifies that consultation has occurred between employer and employees through the Training Committee, if applicable. This is proof that the signatories certify the accuracy of the information presented in the attached sections. Fasset reserves the right to independently verify information supplied. The responsibility for the correctness of this document rests with the employer. By submitting this application, the parties to the application acknowledge that Fasset and/or any of its affiliates will be processing the personal information included in this application. The processing of such information by Fasset will be carried out in accordance with the law and in a proper and careful manner in order to not intrude upon the privacy of the data subject to an unreasonable extent. The purpose of processing the personal information belonging to the application is to conform with the performance monitoring process instituted by the Department of Higher Education and Training (DHET) which Fasset is required to complete on a quarterly basis. By submitting this application the parties agree that the purpose of collection of the personal information as discussed is adequate, relevant and not excessive. The parties specifically record that all personal information processed shall constitute confidential information and shall be treated as such by all the parties involved respectively. By completing and signing this application form, the authorised signatory confirms that the application guidelines for this application have been read and understood.