

Registration for Non Skills Development Levy Paying & Skills Development Facilitator (SDF)

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BACKGROUND

Government Gazette, No. 27801, No. R. 713 18 July 2005 allow 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) as amended. Fasset requires members to complete this form in order to register with the Seta as a non levy paying member. Such registration will allow Fasset to offer non levying paying employers benefits such as free training (lifelong learning), learnership cash grants and access to trained learners graduating from Fasset development projects. This form is valid for a maximum of 12 months. Employers must renew information in this form on or before 30 June of each financial year, at the latest. Where it is requested that the 'Registration no' is entered at the bottom of this document, please enter your Fasset registration number, or if you are a new registrant, enter your Unemployment Insurance Fund (UIF) Number and ensure you precede it by a U.

SDF DETAILS The Skills Development Facilitator (SDF) is the liaison between the firm and the Seta. All Non Levy Payers must elect a SDF.

Title _____ First Name _____ Surname _____
 Initials _____ Identity Number _____

Are you registered with Fasset as a Skills Development Facilitator (SDF)?

If NO, please complete the questions 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 (please indicate duration in years)

OCCUPATIONAL GROUP OF SDF (please tick appropriate box)

Managers	<input type="checkbox"/>
Professionals	<input type="checkbox"/>
Technicians & Trades Workers	<input type="checkbox"/>
Community and Personal Service Workers	<input type="checkbox"/>
Clerical and Administrative Workers	<input type="checkbox"/>
Sales Workers	<input type="checkbox"/>
Machinery Operators and Drivers	<input type="checkbox"/>
Elementary Workers	<input type="checkbox"/>

Current Occupation _____

Postal address _____

City and province _____ Postal code _____

Cellphone number _____ Telephone number (work) _____

Fax number _____ e-mail _____

ORGANISATION CONTACT For communication purposes only, if different from 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	<input type="checkbox"/>
No	<input type="checkbox"/>

Will you perform your SDF functions in respect of:
Please tick the applicable box

Single establishment	<input type="checkbox"/>
Single branch of an organisation	<input type="checkbox"/>
Multiple branches of an organisation	<input type="checkbox"/>
Group of organisations	<input type="checkbox"/>

Please indicate 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	<input type="checkbox"/>
Self-appointed	<input type="checkbox"/>
Nominated by employees	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>

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

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

Organisation Name _____

Postal address _____

Postal city & province _____ Postal code _____

Physical address _____

Physical city & province _____ Postal code _____

Telephone number (work) _____ Fax number _____

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. Circle the code that describes your core business activities.

- | | | |
|--------------------------|-------|--|
| <input type="checkbox"/> | 81904 | Investment Entities and Trusts |
| <input type="checkbox"/> | 83110 | Administration of Financial Markets |
| <input type="checkbox"/> | 83120 | Security Dealing Activities |
| <input type="checkbox"/> | 83121 | Stock Broking Activities |
| <input type="checkbox"/> | 83180 | Development Corporations and Organisations |
| <input type="checkbox"/> | 83190 | Activities Auxiliary to Financial Intermediation |
| <input type="checkbox"/> | 88101 | Tax Services |
| <input type="checkbox"/> | 88102 | Asset Portfolio Management |
| <input type="checkbox"/> | 88103 | Company Secretary Services |
| <input type="checkbox"/> | 88120 | Accounting, Bookkeeping and Auditing Activities |
| <input type="checkbox"/> | 88121 | Activities of Accountants and Auditors Registered in terms of the Public Accountants |
| <input type="checkbox"/> | 88122 | Activities of Cost and Management Accountants |
| <input type="checkbox"/> | 88123 | Bookkeeping Activities, including Relevant Data Processing and Tabulating Activities |
| <input type="checkbox"/> | 88140 | Business and Management Consultancy Activities |
| <input type="checkbox"/> | 88142 | Project Financial Management |
| <input type="checkbox"/> | 91108 | South African Revenue Service (SARS) |
| <input type="checkbox"/> | 9110E | Dept of State Expenditure and Finance |
| <input type="checkbox"/> | 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. From 2009 Fasset will be classifying employees according to eight occupational categories, as opposed to nine categories. Trainee accounting and auditing clerks now 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.	Occupation Categories	African			Coloured			Indian			White			Total		
			M	F	D	M	F	D	M	F	D	M	F	D	M	F	D
Eastern Cape		Managers															
Free State		Professionals															
Gauteng		Technicians & Trades Workers															
KwaZulu-Natal		Community and Personal Service Workers															
Mpumalanga		Clerical and Administrative Workers															
Northern Cape		Sales Workers															
Limpopo		Machinery Operators and Drivers															
North West		Elementary Workers															
Western Cape		Total															
Total																	

Current Employment Profile @ 1 April 200 _____ (insert applicable year)

In the table above:

M = Male

F = Female

D = Person with Disability

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 _____

TYPE OF ENTITY**INCOME TAX OR REGISTRATION NUMBER**

Non-Governmental Organisation (NGO)	<i>Tick box if applicable & provide registration number.</i>
Community-based Organisation (CBO)	<i>Tick box if applicable & provide registration number.</i>
Section 21 Company	<i>Tick box if applicable & provide registration number.</i>
Pty Ltd	<i>Tick box if applicable & provide registration number.</i>
CC	<i>Tick box if applicable & provide registration number.</i>
Sole Proprietor	<i>Tick box if applicable & provide registration number.</i>
Partnership	<i>Tick box if applicable & provide registration number.</i>
Other	<i>Tick box if applicable & provide registration number.</i>

AUTHORISATION

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.

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

Details **Authorised Signatory** email: _____ telephone: _____ fax: _____

Position in organisation _____

Name of **SDF** _____

Signed (SDF) _____ Date _____

Signed (Authorised Signatory e.g. CEO, FD, Managing Partner) _____ Date _____

On behalf of Training Committee if Applicable (Employer Representative)

Name of **Authorised Signatory** _____

Signed _____ Date _____

On behalf of Training Committee if Applicable (Employee Representative)

Name of **Authorised Signatory** _____

Signed _____ Date _____