

APPLICATION FOR REGISTRATION OF AN ELCONOP 2

APPLICATION IN TERMS OF CLAUSE 22bis OF THE MAIN AGREEMENT

To be completed by employer

REG. NO. _____

Name of employer: _____

Postal address: _____

Postal code _____ Tel. no. _____

SURNAME

FIRST NAMES

ID NO.

SURNAME	FIRST NAMES	ID NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Two passport size photographs attached in respect of each of the above employees. (NOTE: One photograph to be certified on the back by a Commissioner of Oaths for the applicant named)

I ENCLOSE THE REGISTRATION FEE OF R20 PER EMPLOYEE.

SIGNATURE OF EMPLOYER
HANDTEKENING VAN WERKGEWER

*** Please enclose a copy of the employee's certified ID Document

APPLICATION FOR REGISTRATION OF ELCONOP 2

APPLICATION IN TERMS OF CLAUSE 22bis OF THE MAIN AGREEMENT

1. To be completed by employer

REG. NO. _____

Name of employer: _____

Postal address of employer: _____

Postal Code/Poskode _____ Tel. No. _____

2. Details of person for whom application is made:

Surname : _____ (applicant)

First names: _____

Residential address _____

_____ Postal code/Poskode: _____

ID Number _____

Period of employment: From _____ To date _____

3. Undertaking by employer or his authorised representative:

- 3.1 The applicant shall be permitted to undergo compulsory prescribed formal training arranged by the Council at an Institutionalised Training Centre approved by the Council.
- 3.2 The applicant shall undergo a prescribed examination by examiners approved by the Council.
- 3.3 I regard myself, as employer, to be bound by the procedures laid down in the Main Agreement.
- 3.4 I will comply with any other requirements laid down by the Council.
- 3.5 I enclose the registration fee of R20.00.
- 3.6 I enclose a certified photograph of the applicant.

I CERTIFY THAT THE INFORMATION GIVEN IN THIS FORM IS TRUE AND CORRECT.

SIGNATURE OF EMPLOYER

DATE

4. To be completed by employee

- 4.1 I am the employee referred to above and undertake to abide by the conditions laid down and certify that the information given is true and correct.

SIGNATURE OF EMPLOYEE

DATE

***** Please enclose a copy of the employee's ID Document**