

**APPLICATION FOR REGISTRATION OF AN ELCONOP 3**

***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 3**

***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**