



# THE ELECTRICAL CONTRACTING BOARD OF SOUTH AFRICA

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## ANNEXURE 3

### DEPARTMENT OF LABOUR

OCCUPATIONAL HEALTH AND SAFETY ACT, 1993(ACT NO.85 OF 1993)

#### APPLICATION FOR REGISTRATION AS AN ELECTRICAL CONTRACTOR

1. PARTICULARS OF APPLICANT:

SURNAME OF APPLICANT:.....

NAME OF APPLICANT:.....

ID NUMBER OF APPLICANT:.....

REGISTERED NAME:.....

TRADING NAME:.....

State whether your business is: SOLE PROPRIETOR/PARTNERSHIP/COMPANY/CLOSE CORPORATION(Delete which is not applicable)

BUSINESS REGISTRATION NUMBER:.....

IN WHICH PROVINCE IS YOUR BUSINESS SITUATED?.....

PHYSICAL ADDRESS:.....

.....POSTAL CODE.....

POSTAL ADDRESS:.....

.....POSTAL CODE.....

TEL NO:.....CELL NO.....

FAX NO:.....EMAIL ADDRESS:.....

2. STATE TYPE OF REGISTRATION YOU HAVE:

(a)ELECTRICAL TESTER FOR SINGLE PHASE YES/NO  
ETSP No.....

(b)INSTALLATION ELECTRICIAN YES/NO  
IE No.....

(c)MASTER INSTALLATION ELECTRICIAN YES/NO  
MIE No.....

3. WHERE REGISTERED PERSON(S) IS/ARE EMPLOYED ON A FULL-TIME BASIS, COMPLETE THE FOLLOWING: (Section 3 can be filled in as many times as the number of registered person/persons employed by the business). Notify the chief inspector in case of any changes.

SURNAME OF REGISTERED PERSON:.....

NAME/S OF REGISTERED PERSON:.....

ID NUMBER OF REGISTERED PERSON:.....

TYPE OF REGISTRATION: TSP/IE/MIE (Delete which is not applicable)

REGISTRATION NUMBER:.....DATE ISSUED:.....

**ADDITIONAL INFORMATION REQUIRED FOR OUR RECORDS AGREED TO BY THE CHIEF INSPECTOR**

BARGAINING COUNCIL NUMBER:.....DATE .....

Are you an employee of any other firm or organisation? YES/NO. If yes, name and address of employer.....

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4. IN SUPPORT OF YOUR APPLICATION, PLEASE SUBMIT THE FOLLOWING:

(a) Certified copy of your ID and, where applicable, certified copies of ID's of registered person(s);

(b) Certified copy of business registration No.;

(c) Certified copy of the relevant registration certificate(s) (Both sides)

Signature of the applicant:.....Date.....

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FOR OFFICE USE ONLY

Application: APPROVED/NOT APPROVED

Reason(s) for refusal:.....Date.....

*Please fill in the details on this form in the presence of a commissioner of oaths.*

## **AFFIDAVIT**

This is to certify that I (Full Name) \_\_\_\_\_ did not have any employees in my business at the time of signing this affidavit or prior to making this affidavit.

I understand that should I take on any employees at any time I will be required to register in terms of Section 33 of the Main Agreement of the National Bargaining Council for the Electrical Industry of South Africa.

I certify that before administering the oath / affirmation I asked the deponent the following questions and wrote down his/her answers in his/her presence:-

a) Do you know and understand the contents of this declaration?

Answer: Yes / No

b) Do you have any objection to taking the prescribed oath?

Answer: Yes / No

c) Do you consider the prescribed oath to be binding on your conscience?

Answer: Yes / No

I certify that the deponent has acknowledged that he knows and understands the contents of the foregoing declaration and statement, that this affidavit was signed and sworn to by the Deponent before me at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_.

Commissioner of Oaths