

# Non Skills Development Levy Paying & Skills Development Facilitator (SDF) 2010/2011 Registration Application

Physical Address: Block A, Eva Office Park, Corner Beyers Naude & Judges Avenue, Blackheath  
 Postal Address: PO Box 6801, Cresta, 2118 | Phone: (011) 476-8570 | Fax (Grant Applications): 086 574 1962  
 Call Centre: 086 101 0001 | Website: <http://www.fasset.org.za> | email: [grantapplications@fasset.org.za](mailto:grantapplications@fasset.org.za)



## 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"/>		

## 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"/>

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

Experience relevant to SDF (please indicate duration in years)

_____	<input type="checkbox"/>
_____	<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		<b>Total</b>															
<b>Total</b>																	

Current Employment Profile @ 1 April 20 \_\_\_\_\_ (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 &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>
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.</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 \_\_\_\_\_