

# BUILDING INDUSTRY BARGAINING COUNCIL

## EAST LONDON

Registered under the Labour Relations Act 1995

EAST LONDON OFFICE:

P O Box 890

EAST LONDON

5201

7/9 Stephenson Street

EAST LONDON

5201

Tel. : 043 722 1205

Fax : 043 743 2154

Email : bibcel@bipcpe.co.za

### Office Use Only

Builder Code:

Area Code:

Date Registered:  C  C  Y  Y  M  M  D  D

Status:

Language:

M/Sites:

Certificate No:

Receipt No:

## REGISTRATION APPLICATION: EMPLOYERS

### PLEASE COMPLETE THIS SECTION

Trading name of Business:

Postal Address:

Postal Code:

Tel. No:

Fax. No:

Cel. No:

Street Address:

Postal Code:

E-mail Address:

Main Activities of business/undertaking:

Date when business commenced:

Area:

Are you a member of an Employer's organisation which is party to the Council  YES /  NO

If so, state which:

Are you registered with any other Bargaining Council?  YES /  NO

If so, state which:

Have you been registered with this Council before?  YES /  NO

If so, when?:

Name, address and telephone number of a relative or friend:

Surname

Names

Address

Telephone No

**Tick appropriate box:**

Sole Owner  Partnership  CC  Registered Co  Trust  Joint Venture

Full Names and residential address of each Owner/Partner/Member/Director/Trustee:

1. Surname:  ID No:   
Full Names:   
Residential Address:   
 P/Code:

2. Surname:  ID No:   
Full Names:   
Residential Address:   
 P/Code:

3. Surname:  ID No:   
Full Names:   
Residential Address:   
 P/Code:

4. Surname:  ID No:   
Full Names:   
Residential Address:   
 P/Code:

5. Surname:  ID No:   
Full Names:   
Residential Address:   
 P/Code:

SIGNED AT:  on this  day of  2

BY EACH OWNER/PARTNER/MEMBER/DIRECTOR/TRUSTEE

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

AS WITNESS: \_\_\_\_\_

## ELECTRONIC PAYMENTS

Kindly furnish us with your banking details to enable the office to make electronic payments when required.

Builder Code	:	
Bank	:	
Branch	:	
Branch Code	:	
Account Type	:	
Account Number	:	
Account Name	:	