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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 3115 OF 2025

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO 130 OF 1993) AS AMENDED

MAXIMUM AMOUNT OF EARNINGS AND MINIMUM ASSESSMENT ON WHICH THE ASSESSMENT OF AN EMPLOYER SHALL BE CALCULATED.

I NOMAKHOSAZANA METH, Minister of Employment and Labour in terms of Section 83(8) and Section 83(2)(b) of the Compensation for Occupational Injuries and Decease Act, 1993 (Act No. 130 of 1993), hereby prescribe:

- a) The amount of R633 168 per employee per annum as the maximum amount of earnings on which an assessment of an employer shall be calculated; this amount being effective from 1st March 2025.
- b) A Minimum Assessment of R1 621 for employers with effect 1st March 2025.
- A Minimum Assessment of R560 for household/domestic employers with effect from 1st march 2025.

MS N METH, MP

MINISTER OF EMPLOYMENT AND LABOUR

DATE: 31 March 2025





2024

CF-2A FORM: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993 RETURN OF EARNINGS

Section A – Employ	er's details				
Name of Employer					
CF Registration No					
UIF Registration No					
CIPC Registration No					
SARS Tax No					
Business Address					
City/Town					
Province					
Postal Address					
Code					
Employer Telephone No					
Mobile Telephone No					
Employer's email address					
Consultant's email address					
Consultant's Telephone	No No				







SECTION B: Declaration of Earnings				CF Registration number:99				
Actual Earnings: 01/03/2024 - 28/02/2025				Provisional Earnings: 01/03/2025 - 28/02/2026				
Month Number of employees and amount of earnings (staff costs/salaries & wages) per month pair to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 597 32 per person for the above period.		of off es & month paid yees irectors of or a close up to a f R 597 328 for the	Number of directors/members and amount of earnings (staff costs/salaries & wages) per month paid to directors of a Company or members of a Close Corporation up to a maximum of R 597 328 per person for		Number of employees		Number of directors/members and amount of earnings (staff costs/salaries & wages) per month expected to be paid to directors of a Company or members of a Close Corporation up to a maximum of R 633 168 per person for the above period.	
	Number of employees	Earnings - (Rand only)	Number	Earnings - (Rand only)	Number of employees	Earnings - (Rand only)	Number of employees	Earnings - (Rand only)
Mar								
Apr								
May								
Jun								
Jul								
Aug								
Sep								
Oct								
Nov								
Dec								
Jan								
Feb								
Total								
			FINAL EAR	NINGS PAID	ESTIMATED E	ARNINGS		
Total earnings of both employees and Directors/Members:								
Total cash value of free food and/ or quarters. (if applicable) in Rand.								
GRAND 1	TOTAL OF EARI	NINGS						
State in words the grand total of earnings:				State in words the grand total of earnings:				







SECTION C: Declaration of Oath

For Office Use Only

CF Registration number:99

I confirm that the information given in this form is true, complete and accurate:

Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.

If an error is detected after submitting your return of earnings, you have 60 days from the date assessed to apply for the revision of assessment. The request must be forwarded to cfcallcentre@labour.gov.za or call 0800 321 322/ 0860 105 350 for assistance.

CF does not have a zero earnings. If the employer has ceased to operate or have no employees, the CF-1C Form must be completed together with this Form up to the period that the business existed.

Declaration by the Employer:
Name & Surname:
Designation/Capacity:
Signature:
Date:
Telephone No:
e-mail address:
Declaration by the Consultant
OR If using a service of a consultant (attach a Power of Attorney and complete)
Name & Surname:
Consultant's Company Name
Signature:
Date:
Telephone No:
e-mail address:
Registered Professional Body & Practise No.



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