

# DIRECTOR-GENERAL NOTIFICATION FORM

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| **PLEASE READ THIS FIRST** | **SECTION A: EMPLOYER DETAILS & INSTRUCTIONS** | |
| **PURPOSE OF THIS FORM**  This form is issued in terms of Section 21(4A) of the Employment Equity Amendment Act, 2013 (Act No. 47 of 2013) for designated employers to notify the Director- General if they are unable to submit EE Report(s).  **WHO COMPLETES THIS FORM?**  Designated employers who are unable to submit their EE Report.  The reason should be applicable to one or more of the reasons specified for in this form.  This form must be signed by the;   * **CEO** (Private Sector) * **Accounting Officer**   (Organ of State)  **SEND TO:**  **The Director-General C/O Employment Equity Registry Laboria House 215 Francis Baard Street**  **Pretoria or**  **Please visit the website for further guidance to submit the EEA14 form by using the Employment Equity online reporting system:**  [www.labour.gov.za](http://www.labour.gov.za/) | Trade name |  |
| DTI registration name |  |
| DTI registration number |  |
| PAYE/SARS number |  |
| UIF reference number |  |
| EE reference number |  |
| Industry/Sector |  |
| Seta classification |  |
| Bargaining Council |  |
| Telephone number |  |
| **Postal address** |  |
|  |
| Postal code |  |
| City/Town |  |
| Province |  |
| **Physical address** |  |
|  |
| Postal code |  |
| City/Town |  |
| Province |  |
| **Details of CEO/Accounting Officer** | |
| Name and surname |  |
| Telephone number |  |
| Email address |  |
| **Details of Employment Equity Senior Manager** | |
| Name and Surname |  |
| Telephone number |  |
| Email address |  |
| **Business type (Please mark with an X)** | |
| * Private Sector * National Government * Local Government * Non-profit Organisation | * State Owned Enterprise * Provincial Government * Educational Institution |
| **Information about the organization Mark with an X)** | |
| Number of employees in your organisation. **(NB: Employers with 1 to 49 employees are designated if they are an organ of state or if they are appointed as a designated employer**  **by collective agreement to comply with Chapter 3 of the EEA)** | |  |  | | --- | --- | | **EMPLOYEES** | **X** | | **1 to 49** |  | | **50 to 149** |  | | **150 or more** |  | |
| Is your organisation part of a group / holding company?  If yes, please provide the name. | |  |  | | --- | --- | | **YES** | **NO** | |  |  | |
| Reporting year |  |

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| **Section B: Select applicable reasons below (X)** | | |
|  | **Reason** | **Supporting documentation** |
|  | Section 189-LRA | Section 189 Resolution/Agreement |
|  | Section 197 LRA/Transfer of Business | Transfer Agreement/Resolution |
|  | Mergers/Acquisitions | Merger/Acquisition Agreement/Proclamation Gazette |
|  | Liquidation/Judicial Winding | Liquidation Order/Certificate |
|  | Insolvency | Insolvency Order/Certificate |
|  | Business sold/closed down | Sale Agreement or any relevant  documentation |
|  | Undergoing Business Rescue | Business Rescue Practitioner’s  Appointment Letter or any relevant documentation |
|  | Non-designated employer | CEO Declaration |
|  | Other:  Specify | Provide relevant documentation |



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###### SIGNATURE OF CHIEF EXECUTIVE OFFICER/ACCOUNTING OFFICER

The information contained in the report must be authorised and verified by the Chief Executive Officer,

or the Accounting Officer in the case of an employer falling under the Public Finance Management Act,

1999 (Act No.1 of 1999) or the Municipal Finance Management Act, 2003 (Act No. 56 of 2003).

Chief Executive Officer / Accounting Officer

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) CEO/Accounting Officer of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Organisation)

hereby declare that I have read, approved and authorised this information.

Signed on this \_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(month and year)

At (place):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Chief Executive Officer / Accounting Officer