

**REQUEST FOR EE COMPLIANCE CERTIFICATE**

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| --- | --- | --- |
| **PLEASE READ THIS FIRST** | **SECTION A: EMPLOYER DETAILS & INSTRUCTIONS** | |
| **PURPOSE OF THIS FORM**  This form must be completed by both designated and non- designated employers when requesting a certificate of compliance from the Department of Employment and Labour in terms of Section 53(2) of the Employment Equity Act of 1998, as amended.  **INSTRUCTIONS**  **Designated employers and non- designated employers must only complete areas of the form that apply to them.**  **Designated** employers must complete **sections A, B, C & D.**  **Non-designated** employers must complete **sections A, B, & D**.  **HOW TO REQUEST A COMPLIANCE CERTIFICATE?**  **The request must be made online by means of the department website,** [**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 |  |
| National or Provincial EAP |  |
| 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 (Markwith 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)** | |
| Is your organisation an organ of State or designated in terms of a collective agreement? | |  |  | | --- | --- | | **YES** | **NO** | |  |  | |
| 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** | |  |  | |

1. Complied with the requirements of the National Minimum Wage Act, 2018 or any exemption granted in terms of the Act, and there has been no award by the CCMA for failing to pay the national minimum wage in the previous 12 months.

2. Complied with Chapter II of the EE Act and there have been no adverse findings against the employer in the previous 12 months on unfair discrimination in the workplace by the CCMA and/or Labour Court.

3. In the case of an award made by the CCMA contemplated in question 1 or 2 or any court order in terms of Chapter II of the EE Act, is the matter currently the subject of an Appeal or Review.

**SECTION B: *TO BE COMPLETED BY BOTH DESIGNATED AND NON-DESIGNATED EMPLOYERS***

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|  |  |
| --- | --- |
| **YES** |  |
| **NO** |  |

|  |  |
| --- | --- |
| **YES** |  |
| **NO** |  |

|  |  |
| --- | --- |
| **YES** |  |
| **NO** |  |

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|  |  |
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| **SECTION C: *TO BE COMPLETED BY DESIGNATED EMPLOYERS ONLY*** | |
| 1. Have you complied with the applicable sectoral targets as specified in terms of section 15A of the Act in your EE Plan for this reporting period?  |  |  | | --- | --- | | **YES** |  | | **NO** |  |  1. Did not meet the targets stipulated in the regulations in terms of Section 15A of the Act due to the following reason(s): | |
| **PLEASE MARK WITH AN X KEY JUSTIFIABLE REASON FOR NOT COMPLYING WITH THE EE SECTOR TARGETS** | **X** |
| a. Insufficient recruitment opportunities |  |
| b. Insufficient promotion opportunities |  |
| c. Insufficient target individuals from the designated groups with relevant formal qualifications, prior learning, relevant experience or capacity to acquire, within a reasonable time, the ability to do the job |  |
| d. Impact of a CCMA award or Court Order |  |
| e. Impact of a transfer of business |  |
| f. Impact of Mergers/ Acquisitions |  |
| g. Impact of economic conditions on the business |  |
|  |  |

###### 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Chief Executive Officer / Accounting Officer