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| **COMPLIANCE ORDER** |
| **PLEASE READ THIS FIRST** | **SECTION A: EMPLOYER DETAILS & INSTRUCTION** |
| **PURPOSE OF THIS FORM**This form is used to **serve** a compliance order **on** a **designated** employer **in the prescribed manner if that employer** has failed to comply with sections 16, 17, 19, 22, 24, 25 or 26 of the Employment Equity Act, 55 of 1998, as amended.Failure to comply with this compliance order may result in the Director-General applying to the Labour Court, to make this compliance order an order of the Labour Court.**WHO COMPLETES THIS FORM?**A labour inspector fills this form.**WHO RECEIVES THIS FORM?**This form goes to the **designated**employer.**PLEASE NOTE:****A designated** employer must display a copy of this order prominently at a place accessible to the affected employees at each. | Trade name |  |
| DTI registration name |  |
| DTI registration number |  |
| PAYE/SARS number |  |
| UIF reference number |  |
| EE reference number |  |
| Seta classification |  |
| Industry/Sector |  |
| 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 |  |

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1. You are required to comply with the following provisions of the Act and its regulations. Failure to comply with this compliance order may result in the Director-General applying to the Labour Court in order to make this compliance order an order of the Labour Court. **(The box(es) ticked (X) below apply)**

2. You are required to comply with this compliance order within days of receipt hereof. The

employer must display a copy of this order prominently at a place accessible to the affected employees at each workplace named in it in terms of Section 25(2)(b).

**SERVED ON ………………DAY OF (MONTH)……………………………. YEAR ……………… AT (PLACE)……………………………………………………………………………………………. SIGNED: DESIGNATED EMPLOYER/ ON BEHALF OF DESIGNATED EMPLOYER**

**………………………………………………………………………………..**

**SIGNED: LABOUR INSPECTOR ………………………………………………………………….**

**CONTACT DETAILS OF THE LABOUR INSPECTOR:**

**……………………………………………………………**

**PHYSICAL**

**ADDRESS……………………………………………………………………………….…….................................**

**…………………………………………………………………………………………….……………………………**

**…………………………………………………………………………………………………….…………..………**