Tanya

From: Tanya <tanya@mullacc.co.za>
Sent: Monday, 3 November 2025 10:36 am
To: 'registrationsCF@labour.gov.za'
Subject: COIDA REG: BLACKHOUND ENTERPRISES (2020/784683/07)
Attachments: JS Gouws - ID.pdf; Blackhound - COIDA Reg.pdf; Blackhound 14.3.pdf

Dear Sir/Madam

Kindly assist with the registration of attached company as the system seems to be down.

Kind regards,
Tanya Van As

041 991 0004
071 853 2844
admin@mullacc.co.za
1st Floor, 74 - 76 Caledon Street, Uitenhage, 6229
MULLER ACCOUNTANTS

Labour

Department
Labour
REPUBLIC OF SOUTH AFRICA

To be completed by all employers
THE COMPENSATION COMMISSIONER
P O Box 955, Pretoria, 0001
Compensation House
Cnr. Hamilton St. and Soutpansberg Rd
Enquiries: 0860 105 350
Fax: (012) 357 1772
e-mail: cfinfo@labour.gov.za
website : www.labour.gov.za

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

ACT No. 130 OF 1993, (Section 80 - Rules, forms and particulars of the Compensation Commissioner - Annexure 7]

REGISTRATION OF EMPLOYER

Mark with X where applicable	
Close Corporation	
Company	X
Trust	
Organisation/Association	

Sole Proprietor(including Farmers)	
Partners	
Public/Local Authorities	
Other	

For office use only

BP Number	
CA Number	

N.B. ALL ITEMS MUST BE COMPLETED (Guidelines available on website)
N.B. THE DOCUMENT MUST BE SIGNED AND DATED

PART 1 PARTICULARS OF EMPLOYER

1.1 Date on which **first employee was employed:** **(Item 1.1 must be completed)** YYYY 2025 MM 07 DD 07

1.2 Trading name and postal address of business / farming / organisation / trust :

BLACKHOUND ENTERPRISES (PTY) LTD
UNIT 10
THE NETWORK
FAIRVIEW
PORT ELIZABETH
6000 POSTAL CODE

● IMPORTANT ●
USE ONLY BLOCK LETTERS TO COMPLETE THIS FORM.

1.3 Physical Address of Business/Name(s) of Farm(s)

Unit 10, The Network, Fairview, Port Elizabeth Code: 6000

Magisterial district: NMB

FOR OFFICE USE

Contact details	Tel: 072 799 9597	Contact Person: Hannes
Fax:		Cell: 072 799 9597
Email: tanya@mullacc.co.za		

PART 2 PARTICULARS OF OWNER/ CLOSE CORPORATION/COMPANY/TRUST

2.1 Name of owner / partners / trustees Johannes Stephanus Gauws

2.1.1. Name(s) and ID number(s) of owner(s)/ partners of business / farming / trust: 9007315083085
N.B. COPY OF ID DOCUMENT(S) MUST BE ATTACHED

2.2 Registered name of company or close corporation Blackhound Enterprises (PTY) Ltd

Company or Close Corporation no. with DTI:

NB: COPY OF CIPC DOCUMENTS, TRUST DOCUMENT OR NPO CERTIFICATE MUST BE ATTACHED.

PART 3 PARTICULARS OF THE NATURE OF BUSINESS- , FARMING OPERATIONS , ACTIVITIES OR TYPE OF ORGANISATION

3.1 Detailed description of the nature of business-, farming activities OR goods manufactured or sold OR services rendered:

Architecture and Building Design

3.2 Describe the following if applicable:

3.2.1 Materials used in the manufacturing of goods:

3.2.2 Nature, extent and type of construction / erection undertaken:

3.3 In case of farming, indicate the nature thereof: **Livestock farming** | **Tillage** | **Mixed farming: Livestock%** | **Tillage%**

3.4 Do you use any tractors and/or power – driven saws **Yes** | **No**

W.As. 2E NB. COMPLETE BOTH SIDES ALL ITEMS

PART 4 PARTICULARS OF RESPONSIBLE PERSON / DIRECTOR / MEMBER OR PARTNER OF BUSINESS / FARMING

4.1 Surname: Gauws Initials: JS

ID. No.: 9 0 0 7 3 1 5 0 8 3 0 8 5 Position/Capacity: Director

Residential address: 1 Elsa Jubert Street, Fairview Port Elizabeth

Postal Code 6075 Telephone: 012 799 9597

4.2 If the business is already registered at one of the offices of the Department of Labour indicate:

Reg. no allocated by:	Compensation Fund		Unemployment Insurance Fund	
Registration number:				

4.3 If the business has changed ownership, furnish the following:

4.3.1 Previous trading name of business/farm .....

4.3.2 Name of previous owner .....

4.3.3 Present residential address of previous owner .....

..... Postal Code .....

4.3.4 Date of take-over .....

PART 5 N.B. PARTICULARS OF EMPLOYEES MUST BE COMPLETED

5.1 Estimated earnings of employees to be furnished as from the date furnished in item 1.1 up to end of February the next year

5.1.1 Number of employees presently employed 1

5.1.2 **Average** number of employees **expected** to be employed during the **above-mentioned period** 1

5.2 **Estimated** earnings **expected** to be paid to employees **up to a maximum of R 430 944** per person per annum for the period (01 March 2018 to 28 February 2019):

		RANDS ONLY	
5.2.1	Total **estimated** earnings of employees	30 000	00
5.2.2	Total **estimated** cash value of food and lodging provided free by employer		00
5.2.3	**Estimated** cash value of other in-kind benefits		00
5.2.4	**Estimated** earnings **of working directors of a Co or working members of a CC** Refer to item 5.2 i.r.o. maximum earnings		00

Provide the estimated earnings of items 5.2.1 to 5.2.4 and give the total under 5.3:

5.3 Total estimated earnings from: July 2025 **to:** December 2025 — 30 000 00

PART 6 ADDITIONAL INFORMATION IN RESPECT OF HEAD OFFICE AND/OR FILIALS / BRANCHES

6.1 Furnish the trading name and postal address of the Head Office and/or filial / branches and if already registered, the registration number allocated by the Unemployment Insurance Fund (UIF) and/or the Compensation Fund (CF).

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6.2 **Kindly furnish your bank details by completing the section below. This information is required for the purpose of a direct electronic deposit to your bank account IF applicable. Direct deposits prevent postal delays and cheque fraud.**

Bank: Nedbank Branch Name: ..... Branch Code: 1 9 8 7 6 5

Type of Account: Current Account number: 1 2 1 2 7 7 4 1 9 1

Name of Account Holder: H Gauws Renders (PTY) Ltd

PART 7 DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I certify that the above particulars are correct.

Hendrikus Muller — NAME (PRINTED)

..... — SIGNATURE

Accountant — POSITION/CAPACITY

CONTACT PERSON: Hendrikus Muller TEL NO: (071) 853 2844 CELL NO

3/11/2025 — DATE