

NAMIBIA TRAINING AUTHORITY

NAMIBIA TRAINING AUTHORITY LEVY COLLECTION DISBURSEMENT REPORTING SYSTEM EMPLOYER LEVY REGISTRATION FORM

EMPLOYER INFORMATION Title of Person Applying f							
Miss	Mr.	Mrs.	Dr.				
(Please tick as appropriate	·)						
Name of Person responsi	ble for Registration						
Position of Person respon	isible for Registration						
Employer Name							
Company Type Holding Company		Subsidiary Company	N/A				
Entity Type (Please tick as appropriate	·)						
Sole proprietor		Close Corporation	Private Company (pty) Ltd				
Public Company (Ltd)		Partnership	State Owned enterprises				
If Holding Company – list	eligible Subsidiary Cor	mpanies					
If Subsidiary Company sta	ate Holding Company						
Please Note: All Subsidiary Companies must be registered separately							
Date on which Business c	ommenced						
d d m m y y y	У						
Training Provider	Yes No						
Numbers employed	Male:	Female:	Total:				

BEE Status		
Compliant	Exempt	Not BEECompliant
(Please tick as appropriate)		
In the case of a company or a close co Close Corporation Act, (Act 26 of 198		ration Number under the Companies Act 1073 Act No. 6 of 1973) or
Company Registration Number		
Income Tax Number		
Social Socurity Number		
Social Security Number		
Location	<u></u>	
Region		
City		
Constituency		
Constituency		
Business Sector and Economic Cla Industry Skills Committee	ssification	
Division – Main Sector		
Sub-Group Sector Code		
Detailed Sector Code		
Detailed Sector Code		
Or		
Specify Main Activity and Sub-activ	vity	
Main Activity		
Sub- Activity		
Payroll Data - Estimated "Payroll" means the total remuner	ation paid or payable by an e	employer to its employees during any financial year
"Remuneration" means the total v employment of the employee (as d		y or in kind made or owing to an employee arising from the
Estimated Annual Payroll		
N\$		

Addresses Physical Address Address			
City			
Suburb			
Postal Address Address			
City			
Suburb			
Contact Details Telephone			
Area Code:	No:		
FAX			
Area Code:	No:		
Cellphone Area Code	No:		
E- Mail	INO:		
E- IVIdII			
Bank Details Bank			
Branch			
Branch Code			
Account Name			
Account Name			
Account Number			
Account Type			
	also hereby declare that I am a pe	LEVY REGISTRATION FORM is complets this return	
Signed:			
Date dd mm y y	VV		
Please tick as appropriate (if o	Partner (ther please state position below)	Company Secretary	Other

FOR NTA – OFFICIAL USE ONLY		*****
Registration Approved by		
Date Registration Approved		
Position		
NTA Levy – Employer Registration Number		