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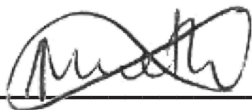
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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR**NOTICE 3910 OF 2026****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO 130 OF 1993), AS AMENDED****MAXIMUM AMOUNT OF EARNINGS AND MINIMUM ASSESSMENT ON WHICH THE ASSESSMENT OF AN EMPLOYER SHALL BE CALCULATED**

I **Nomakhosazana Meth**, Minister of Employment and Labour in terms of Section 83(8) and Section 83(2)(b) of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), hereby prescribe:

- a) The amount of R668 000 per employee per annum as the maximum amount of earnings on which an assessment of an employer shall be calculated; this amount being effective from 1st March 2026.
- b) A Minimum Assessment of R1 621 for employers with effect from 1st March 2026.
- c) A Minimum Assessment of R560 for domestic employers with effect from 1st March 2026.



MS N METH, MP**MINISTER OF EMPLOYMENT AND LABOUR****DATE** 21 April 2026



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA



Compensation Fund
WORKING FOR YOU

2025

CF-2A FORM: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993

RETURN OF EARNINGS

Section A – Employer’s details

Name of Employer

CF Registration No

UIF Registration No

CIPC Registration No

SARS Tax No

Business Address

City/Town

Province

Postal Address

Code

Employer Telephone No

Mobile Telephone No

Employer’s email address

Consultant’s email address

Consultant’s Telephone No



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SECTION B: Declaration of Earnings	CF Registration number:99
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Actual Earnings: 01/03/2025- 28/02/2026	Provisional Earnings: 01/03/2026 - 28/02/2027
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Month	Number of employees and amount of earnings (staff costs/salaries & wages) per month paid to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 633 168 per person for the above period.		Number of directors/members and amount of earnings (staff costs/salaries & wages) per month paid to directors of a Company or members of a Close Corporation up to a maximum of R 633 168 per person for the above period.		Number of employees and amount of earnings (staff costs/salaries & wages) per month expected to be paid to all employees (excluding directors of a Company or members of a close corporation) up to a maximum of R 668 000 per person for the above period.		Number of directors/members and amount of earnings (staff costs/salaries & wages) per month expected to be paid to directors of a Company or members of a Close Corporation up to a maximum of R 668 000 per person for the above period.	
	Number of employees	Earnings - (Rand only)	Number	Earnings - (Rand only)	Number of employees	Earnings - (Rand only)	Number of employees	Earnings - (Rand only)
<i>Mar</i>								
<i>Apr</i>								
<i>May</i>								
<i>Jun</i>								
<i>Jul</i>								
<i>Aug</i>								
<i>Sep</i>								
<i>Oct</i>								
<i>Nov</i>								
<i>Dec</i>								
<i>Jan</i>								
<i>Feb</i>								
<i>Total</i>								
			FINAL EARNINGS PAID		ESTIMATED EARNINGS			
Total earnings of both employees and Directors/Members:								
Total cash value of free food and/or quarters. (if applicable) in Rand.								
GRAND TOTAL OF EARNINGS								
State in words the grand total of earnings:					State in words the grand total of earnings:			



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 Department:
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SECTION C: Declaration of Oath	CF Registration number:99
<p><i>I confirm that the information given in this form is true, complete and accurate:</i></p> <p><i>Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.</i></p> <p><i>If an error is detected after submitting your return of earnings, you have 60 days from the date assessed to apply for the revision of assessment. The request must be forwarded to cfcallcentre@labour.gov.za or call 0800 321 322/ 0860 105 350 for assistance.</i></p> <p><i>CF does not have a zero earnings. If the employer has ceased to operate or have no employees, the CF-1C Form must be completed together with this Form up to the period that the business existed.</i></p>	
Declaration by the Employer:	
Name & Surname:	
Designation/Capacity:	
Signature:	
Date:	
Telephone No:	
e-mail address:	
Declaration by the Consultant	
<i>OR If using a service of a consultant (attach a Power of Attorney and complete)</i>	
Name & Surname:	
Consultant's Company Name	
Signature:	
Date:	
Telephone No:	
e-mail address:	
Registered Professional Body & Practise No.	

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