



FORM F.2

REPUBLIC OF NAMIBIA

**MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND
EMPLOYMENT CREATION**

Tel. (061) 2066111

Fax. (061) 212323

Private Bag 19005

32 Mercedes Street, Khomasdal

WINDHOEK

APPLICATION FOR REGISTRATION OF A FACTORY

In terms of regulation 19 of the Regulations relating to the Health and Safety

Of Employees at Work made under **Schedule 1 (2) of the Labour Act, 2007 (Act 11 of 2007)**

TO: The Permanent Secretary
Ministry of Labour
Private Bag 19005
32 Mercedes Street, Khomasdal
Windhoek, NAMIBIA

ATT: The Chief Inspector: Occupational Health and Safety
Tel: (061) 2066111 Fax: (061) 212323

Cheque/Cash
N\$200-00

I hereby apply for the registration of the premises situated Erf No.
situated in (street)
..... (town)

As a factory within the meaning of the Labour Act, 2007, and declare that the information contained in this application is to the best of my knowledge true and correct.

<p>..... Date</p>	<p>..... Signature of person occupying or intending to occupy, the premises</p>
<p>1. Name of style under the business of the factory is or will be conducted</p>	
<p>2. State whether “individual”, “partnership”, “limited liability company”, “close corporation” or “co-operative society”</p>	
<p>3. Full name of occupier (i.e. person having management or control of business)</p>	
<p>4. Postal address... Town... Telephone... Fax...</p>	
<p>5. Nature of goods or article manufactured or dealt with.....</p>	
<p>6. Description of raw materials used</p>	
<p>.....</p>	
<p>.....</p>	
<p>7. Details of motors or engines installed –</p>	
Nature (steam, electricity, oil, gas etc)	Kilowatt
.....
.....

8. Maximum number of persons (including working employers) to be employed
 Male Female Total
9. (a) State nature of sanitary facilities (water, VIP, earthen or other)

 (b) Give number of toilets for each sex
10. Washing and bathing conveniences for each sex

11. (a) Change rooms and rest rooms for each sex
 (b) Lockers for each sex
12. First aid room
13. Means of escape provided in case of fire

14. Number of rooms and floor space of each in square meter (fill in details below)

Room No.	Floor space in square meters	Maximum number of occupants at any time	Room No.	Floor space in square meters	Maximum number of occupants at any time

Note: This form shall, unless plans have already been approved by an inspector, be accompanied by plans accurately printed or drawn in ink to the scale of –

- (a) In respect of the site plan 1: 500; and
 (b) In respect of the building plan 1: 100

15. ADDITIONAL INFORMATION REQUIRED

- Company profile in brief (separate paper)
- Work permit (non-citizen)
- Certificate of Good Standing from Ministry of Finance
- Certificate of Good Standing from Social Security Commission
- Certificate of Good Standing with the Employment Equity Commission
- Proof of Company Registration
- Health and Safety Policy
- Health and Safety Program/System
- Workplace Risk Assessment Report
- Identification Document
- All copies certified
- Inspection conducted (for factory registration certificate)

Y	N

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Verified that the siting and use of these premises as a factory for the purposes specified in the application are not in conflict with any municipal or other regulations, or the conditions of establishment relating to the township in which the premise concerned are situated.

Inspector handling the application

.....
Date

.....
Inspector/Signature

Recommended/Not recommended

.....
.....
.....

Chief Inspector:

Approved/Not approved

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.....
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