



APPLICATION BY AN EMPLOYER FOR INTER-SETA TRANSFER

Purpose of this form: This form is used by an employer requesting the Commissioner of the SARS to be transferred from the SETA where the employer is currently classified, to another SETA. Employers must submit the form by fax or e-mail to the SETA where they are currently registered.

SECTION A: EMPLOYER'S DETAILS (to be completed by the employer)	
Trading name of the company/legal entity	
Core business of the company/legal entity <i>[Please provide a brief description.]</i>	
SDL number	
SIC code	
<i>[Please note: The SIC code must be selected on the basis of the core business of the employer. A list of SIC codes is attached herewith]</i>	
Contact person	
Telephone number	
Fax number	
E-mail address	
SECTION B: SETA INFORMATION (to be completed by the employer)	
Name of the SETA where the employer is currently classified by the Commissioner of SARS	
Name of the SETA to which the employer wishes to be transferred	

[Please note: The selection of the SETA must be based on the core business of the employer, as reflected in the SIC code of the enterprise. The SIC codes that fall within the scope of jurisdiction of each SETA are regulated by the Government Gazettes No. R. 316 of 31 March 2005 and No. R. 656 of 1 July 2005.]

SECTION C: MOTIVATION FOR THE INTER-SETA TRANSFER (to be completed by the employer)			
<i>[Please indicate the motivation for the request for an inter-SETA transfer with a tick in the right block below next to the requirements for inter-SETA transfers. You may select more than one of the three options.]</i>			
1. The core business of the employer falls within the scope of the SETA as demarcated in Regulations R. 316 of 31 March or R. 656 of 1 July 2005.	<input type="checkbox"/>		
2. The core business of the company/enterprise has changed since the previous registration with SARS.	<input type="checkbox"/>		
3. The employer falls within the jurisdiction of more than one SETA, and the employer's application to transfer to the new SETA is motivated on the basis of: <ul style="list-style-type: none"> - the composition of the workforce, - the amount of remuneration paid or payable to the different categories of employees; and - the training needs of the different categories of employees. <i>[Please note: Section 5(2) of the Skills Development Levies Act, 1999, stipulates that where an employer falls within the jurisdiction of more than one SETA, the employer must select one of the SETAs, having regard to all three criteria specified under point 3.]</i>	<input type="checkbox"/>		
Additional comments for clarification of the motivation (if necessary)			
Name of CEO or Managing Director	Signature	Designation of signatory	Date
Please note: This form must be signed by the CEO or Managing Director			

SECTION D: APPROVAL BY SETA (to be completed by the Previous SETA)			
Name and number of the SETA where the employer is currently classified by the Commissioner of SARS			
Name and number of the SETA to which the employer wishes to be transferred			

Name	Signature	Designation of signatory	Date of approval
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