



## employment & labour

Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA

Cell :0716403084

Email: [Nditsheni.Nditwane@labour.gov.za](mailto:Nditsheni.Nditwane@labour.gov.za)

Date :02/09/2022

### NOTICE OF AN AUDIT

Please be informed that an Employer Auditor of the Department of Employment and Labour will be auditing your business, to determine compliance with the provisions of the **Compensation for Occupational Injuries & Diseases Act 130 of 1993 (COIDA)**, as amended, as well as to provide information regarding COIDA.

| Date of Submission of documents | Date of the Audit | Proposed Time |
|---------------------------------|-------------------|---------------|
| 07 September 2022               | 07 September 2022 | 12:00         |


You are requested to prepare and provide the following information for the audit:

- CIPC registration document;
- UIF Reference number;
- A current and valid Letter of Good Standing;
- Copy of Return of Earnings or invoices received from the Compensation Fund or RMA for four years (2017 – 2021);
- Proof of payment of Annual Assessment for four years (2017 – 2021);
- Detailed Payroll for four years (2017 – 2021) which includes columns for: number of employees, employee code, names & surnames, ID number, Gender, date engaged, gross salary, net salary and total salary paid for each financial year;
- List of all employees;
- SARS EMP 501 for four years (2017 – 2021);
- Compiled / Audited / Independently Reviewed Annual Financial Statements for four years (2017 – 2021);
- Register of injuries / diseases on duty and proof of reporting to the Compensation Fund / RMA / FEMA.

**If you make use of the services of an accountant or employers' organization, it remains YOUR responsibility to get above information from such accountant / employers' organization, and have it available for the auditor, during the audit.**

**NB. Please note that all information received will be utilized for the intended purpose and protected in terms of the POPI Act.**

Thank you

Signature of Inspector: 

Full Name and Surname of Inspector: Nditsheni Nditwane

Designation: COID Employer Auditor

Date: 02/09/2022