

Employment Fauity Reaistry

APPLICATION FOR EMPLOYMENT EQUITY REPORT

PLEASE READ THIS	Section A: Applicant details:			
FIRST	Name and Surname:			
•	ID Number:			
	Organisation/Institution			
	Address:			
PURPOSE OF THIS FORM	Town / City:			
	Postal Code			
	Telephone No.:			
The form is used to request the Employment Equity Report (Form	Fax No:			
	E-mail Address:			
EEA2) of an employer from the	Date of application:			
Department of Labour. It is issued in terms of Section 21(5) of the Employment Equity Act, 55 of 1998 as amended.	Section B: Reason for this request:			
WHO COMPLETES THIS FORM?				
The applicant who is making the request.				
INSTRUCTIONS				
	Section C: Report requested:			
Please complete a separate form for	Name of Employer :			
each employer's report requested	Name of Employer.			
and address it to the Employment Equity Registry.	*EE Reference No. :			
	Indicate the year(s) of the report(s) requested:			
	The state of the s			
SEND TO:				

*(Please consult the EE Public Register available on the departmental website to obtain the EE Reference no.)