



**ATISA  
SOFTWARE**

**COMPENSATION COMMISSIONER**

**Enrollment for Registration for the Electronic Submission of ROE**

<b>EMPLOYER DETAILS:</b>			
Registration number of business with Compensation Commissioner:	991297485566		
Registered Name with the Compensation Commissioner:	Atisa Domestic Worker Again		
Company Telephone Number	( )		
Street Address			
Postal Address		Postal Code	
<b>The Following person is responsible for the online submission of the organization's ROE to the Compensation Fund:</b>			
<b>REPRESENTATIVE DETAILS:</b>			
ID Number: *	9607055592086		
Surname: *	Mafuna	Initials: *	K
Company unit:	Department		
Job Title:	Telephone number	( )	ext:
Email Address:	kennymafuna321@gmail.com		

Fields marked with a \* are mandatory

I \_\_\_\_\_ (Full Name) \_\_\_\_\_ (ID Number) confirm that i am duly authorized to represent

\_\_\_\_\_ (Employer Name) and that i accept the terms and conditions as outlined.

Signed at \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_

**ATISA SOFTWARE SOLUTIONS**

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