

APPLICATION FOR NOTICE OF CERTAIN WORKPLACES  
(Section 29)

HEALTH AND SAFETY AT WORK (ADMINISTRATION) REGULATIONS 1996

Detail of business:  
 Name of owner(s) of business:  
 Trading name:  
 Address of workplace:  
 Postal address:  
 Date of business commenced operations at these premises: ...../.../....

Particulars of estimated maximum number of persons in-doors or out-doors full-time, part-time or casual in or in connection with workplace, prior to 31 January next:

Part-Time/Casual	Full-Time	Sub-Totals	Grand Total
Males			
Females			

Details of ownership of premises:  
 Name & address of Owner of the Building:  
 Details of business activity: (Refer to First Schedule)  
 Main Activity Conducted by Business:  
 Principal Articles to be manufactured repaired or sold:  
 If goods are sold – nominate Wholesale or Retail:  
 Has Site Previously been used as a workplace:  
 Name of previous Occupier:  
 Contact telephone number:

*I attach cheque/money order of \$.....being for the payment of registration fees as prescribed in the Third Schedule Cheque/ money order Number.....  
 I declare that the above information are true and accurate.*

*Date..... Signature.....  
 Name and Title.....*

**NOTE**

For those workplaces where the activities of persons employed at that workplace are classified in the first schedule, where twenty or more workers are employed, the fee payable for the annual registration in such workplace shall be \$50.00 plus \$2.00 for each person employed whether casual or permanent.