

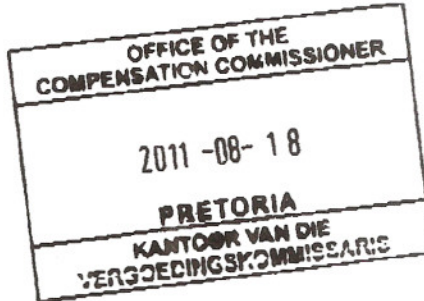
THE OFFICE OF THE COMPENSATION COMMISSIONER

## COMPENSATION FUND



The Hon., Prof., Dr., Messrs., Mr., Ms

**NBM GROUP**  
**PO BOX 11943**  
**RYNFIELD**  
**1514**



YOUR REGISTRATION NUMBER:

**2727-269-1960**

ATTENTION:

YOUR FAX NUMBER: 011 425 6642

DATE ISSUED: 18/08/2011

CERTIFICATE #: 0000976443

**LETTER OF GOOD STANDING****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

- With reference to Section 89 of the Act, I hereby certify that

**NBM GROUP**

has complied with the requirements of the above Act and is at present in good standing with the Compensation Fund.

Nature of Business : **PLACEMENT OF STAFF**Expiry Date : **31/10/2011 (Monday, Thirty-first of October, Two thousand and Eleven)**

- A letter of good standing is hereby issued with expiry date 31/10/2011 (Monday, Thirty-first of October, Two thousand and Eleven), subject to the following:  
**Your Earnings Return has been received, but has not been processed yet.**

**IMPORTANT NOTICE:**

**You make yourself guilty of an offense if you pay any additional fee to obtain this letter.**

The Compensation Commissioner shall at his own discretion institute criminal proceedings against perpetrators who unlawfully alter or deface this letter with intent to defraud or misrepresent facts contained therein.

**\* TO RENEW THIS LETTER FAX YOUR REQUEST 5 WORKING DAYS PRIOR TO EXPIRY DATE.**

Yours faithfully,

COMPENSATION COMMISSIONER

W.As. 48

Compensation House, Cnr Hamilton and Soutpansberg Road, P O Box 955, Pretoria, 0001

Fax: (012) 357-1817

Website: <http://www.labour.gov.za>