



THE OFFICE OF THE COMPENSATION COMMISSIONER

**COMPENSATION FUND**

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

NBM GROUP  
PO BOX 11943  
RYNFIELD  
1514

OFFICE OF THE COMPENSATION COMMISSIONER
2011-11-08
PRETORIA
KANTOOR VAN DIE VERBODEN WERKSTANDSTREKERS

YOUR REGISTRATION NUMBER:

**2727-269-1960**

ATTENTION:

YOUR FAX NUMBER: 086 649 1878

DATE ISSUED: 08/11/2011

CERTIFICATE #: 0001025711

**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 : **28/02/2012 (Tuesday, Twenty eighth of February, Two thousand and Twelve)**

A letter of good standing is hereby issued with expiry date 28/02/2012 (Tuesday, Twenty-eighth of February, Two thousand and Twelve), 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,

*H N Nompotloni*

COMPENSATION COMMISSIONER  
W.As. 48

Compensation House, Gnr Hamilton and Gouppenburg Road, P O Box 655, Pretoria, 0001

Fax: (012) 357-1817

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