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**SD-040 APPLICATION FOR SUSPENSION OF AN APPRENTICE**

**A EMPLOYER DETAILS**

**REGISTERED NAME** \_\_\_\_\_

**TRADING AS** \_\_\_\_\_

**BRANCHES (where applicable)**

**ACCREDITATION NUMBER (where applicable)**

**PHYSICAL ADDRESS**  
**STREET1** \_\_\_\_\_  
**STREET2** \_\_\_\_\_  
**CITY/TOWN** \_\_\_\_\_

**PROVINCE** \_\_\_\_\_  
**POSTAL CODE** \_\_\_\_\_  
**PO Box** \_\_\_\_\_

**POSTAL ADDRESS**  
**CITY/TOWN** \_\_\_\_\_  
**PROVINCE** \_\_\_\_\_  
**POSTAL CODE** \_\_\_\_\_

**CONTACT PERSON**  
**TITLE** \_\_\_\_\_  
**FIRST NAME(S)** \_\_\_\_\_  
**LAST NAME** \_\_\_\_\_  
**POSITION** \_\_\_\_\_

**TELEPHONE NUMBER**

**FAX NUMBER**

**CELL NUMBER**

**E-MAIL ADDRESS** \_\_\_\_\_

**B. DETAILS OF APPRENTICE**

SURNAME \_\_\_\_\_  
FIRST NAME(S) \_\_\_\_\_  
TRADE AGAINST WHICH HE / SHE IS  
EMPLOYED \_\_\_\_\_  
CONTRACT REGISTRATION NUMBER \_\_\_\_\_

**C. DETAILS OF SUSPENSION**

REASON FOR THE APPLICATION FOR SUSPENSION \_\_\_\_\_  
DATE THAT THE APPRENTICE WAS SUSPENDED \_\_\_\_\_  
PERIOD THAT THE APPRENTICE IS SUSPENDED \_\_\_\_\_  
ARE THE APPRENTICE WITHHOLD FROM WORK AND  
FORFEITING HIS /HER WAGES? \_\_\_\_\_