

**GOVERNMENT OF MALAWI
OCCUPATIONAL SAFETY HEALTH AND
WELFARE ACT**

**APPLICATION FOR A REGISTRATION
OF A WORKPLACE
(Section 9 of the Act)**

For Official use only	
1. Region.....
2. Received.....
3. Cert. Issued.....	Date.....
4. No. of Cert.....
5. Fees received.....	Gr. No.....

**PARTICULARS TO BE SUBMITTED BY OCCUPIERS OR
INTENDING OCCUPIERS OF WORKPLACES**

I hereby apply for the registration or renewal of the premises, of which particulars are given below, as workplace.

1. The workplace

- (a) Name of workplace.....
- (b) Postal address of workplace.....
..... Telephone No.....
- (c) Date of Occupation.....

2. The owner or Occupier

- (a) Name(s) of Occupier (i)
- (ii)
- (iii)
- (b) Postal address of occupier.....
..... Email Address.....
- (c) Physical address of Occupier
- (d) Nationality of occupier.....

3. Registration details

- (a) Current Certificate Number (in case of renewal).....
- (b) Date of Issue of Certificate.....
- (c) Expiry Date of Certificate.....
- (d) Number of employees;

Male	Female	Total

- (e) Capital Investment in million MK.....
- (f) Appropriate fee

4. Nature of work.....
5. Whether mechanical power is used or intended to be used, and, if so, its nature (e.g. electricity, diesel engine, etc).....
6. Whether steam boilers are used or intended to be used and, if so, the following particulars in respect of each Boiler:-
- (a) type, description and distinctive Number.....
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- (b) country and year of manufacture.....
- (c) date of last thorough examination and by whom the examination was made.....
- (d) maximum permissible operating pressure in kilopascals.....

(If more convenient, this information can be supplied on a separate sheet of paper.)

7. Do you use, or intend to use, any of the following?

- | | | |
|--|---|------------------------------------|
| Air receivers | } | Delete any items
not applicable |
| Steam receivers | | |
| Steam containers | | |
| Chains, blocks or lifting tackle | | |
| Cranes, winches, etc. | | |
| Hoists of lifts (not including car hoists) | | |

Warning: Your attention is drawn to section 10 of the Occupational Safety, Health and Welfare Act. Should any substantial changes occur in respect of the particulars stated in the above application, you should notify the Director of Occupational Safety and Health of any such changes forthwith. No special form is required for this purpose.

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Signature of Occupier or intending Occupier Date

10. An appropriate registration fee as prescribed by General Notice No. 9 published in the Government Gazette dated 7th February 2011 should be enclosed with this Form. Cheques or Postal Orders should be crossed and made payable to the Government of Malawi.

After completion this form should be returned to:-

Director of Occupational Safety and Health
Ministry of Labour
Private Bag 344
Lilongwe 3.
Malawi
Tel: 01773277