Employment Rights (Registration of Employers and Permits of Job Contractors) Regulations 2009

GN No. 24 of 2009

Government Gazette of Mauritius No. 16 of 21 February 2009

THE EMPLOYMENT RIGHTS ACT 2008

Regulations made by the Minister under section 68 of the Employment Rights Act 2008

1. These regulations may be cited as the Employment Rights (Registration of Employers and Permits of Job Contractors) Regulations 2009.

2. In these regulations -


3. An application for registration as an employer under section 58 of the Act shall be made -

(a) in the form specified in the First Schedule; and

(b) not later than 15 January of every year.

4. (a) section 55 of the Act shall be made in the form specified in the Second Schedule.

(b) A permit issued under paragraph (a) shall be -

(i) in the form set out in the Third Schedule;

(ii) valid for 12 months;

(iii) be renewable at the end of the 12 months.

(c) Any holder of a permit issued under paragraph (b) who intends to renew his permit shall apply to the Permanent Secretary within 15 days before the expiry of the permit in the form specified in the Second Schedule.

(d) Where an application for the renewal of a permit is made after the expiry of the permit, the Job Contractor shall, in addition, pay a surcharge of 50 per cent.

(e) The fee payable for a permit as a Job Contractor or for its renewal, shall, where the number of workers employed by the Job Contractor -

(i) does not exceed 50, be 1,000 rupees;

(ii) exceeds 50, be 3,000 rupees.
5. Where a Job Contractor does not intend to renew his permit or operate as a Job Contractor, he shall notify the Permanent Secretary by registered letter 21 days before the expiry of the permit.

6. Where a Job Contractor loses his permit, he may, upon furnishing reasonable justification, obtain a duplicate permit on payment of a fee of 200 rupees.

7. The Labour Regulations 2003 are revoked.

8. These regulations shall come into operation on 2 February 2009.

Made by the Minister on 2 February 2009.
FIRST SCHEDULE
(regulation 3)

MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND EMPLOYMENT

APPLICATION FOR REGISTRATION OF EMPLOYER

Year...........................

1. Name of Employer............................................................................................................

2. Address of Registered Office..........................................................................................

3. Place(s) of Business........................................................................................................

4. Nature of Business...........................................................................................................

5. Telephone Number(s)............................................. Fax..............................................

6. Details of employees:

<table>
<thead>
<tr>
<th>Category of workers</th>
<th>No. of male workers</th>
<th>No. of female workers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Local</td>
<td>Expatriate</td>
<td>Local</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Date

Signature: ........................................................

Name: ............................................................

Status: ..........................................................
MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND EMPLOYMENT
APPLICATION/RENEWAL FOR AJOB CONTRACTOR'S PERMIT

1. Name of applicant (Surname in block letters):
   ..........................................................................................................................................

Business address: ........................................................................................................................................

Telephone No.: (H)............................. (O)............................. (Mobile)..............................

Employer's National Pension Scheme code:
   ..........................................................................................................................................

2. Name and status of person authorised to act on behalf of the applicant:
   ..........................................................................................................................................

   National Identity Card No.: ...............................................................................................

   Telephone No.: (H).............................. (O)..............................
   (Mobile).............................

3. No. of workers: Male Female TOTAL

<table>
<thead>
<tr>
<th>Local</th>
<th>Expatriate</th>
<th>Local</th>
<th>Expatriate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

4. Nature of activity undertaken/intended to be undertaken* -
   ..........................................................................................................................................
   ..........................................................................................................................................
   ..........................................................................................................................................

5. Name of supervisor: ........................................................................................................

   National Identity Card No.: ...............................................................................................

   Residential address: ........................................................................................................

   Telephone No.: (H).............................. (O)............................. (Mobile)..............................

   Qualifications/experience in the field (proof of qualification/experience to be produced):
   ..........................................................................................................................................
   ..........................................................................................................................................
   ..........................................................................................................................................
6. List address/es of place/s of work where work is presently being carried out/intended to be carried out* -

<table>
<thead>
<tr>
<th>Name of client/main contractor*</th>
<th>Address of site</th>
<th>Duration of work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*Delete as appropriate

Note: Site and location plans of places of work to be annexed if required.

7. This paragraph applies to every Job Contractor of 100 or more workers or as directed by the Permanent Secretary.

Name of person responsible for Safety and Health at the place of work:
..........................................................................................................................................
Position held: ...................................................................................................................
Name of registered Safety and Health Officer: ...............................................................
Private address: ...............................................................................................................
Telephone No.:(H)............................. (O).............................. (Mobile)............................

8. List of machinery, equipment or appliance used/intended to be used*:

<table>
<thead>
<tr>
<th>Machines</th>
<th>Number in use</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Hoists or lifts</td>
<td></td>
</tr>
<tr>
<td>(b) Cranes and other lifting machines</td>
<td></td>
</tr>
<tr>
<td>(c) Air receivers</td>
<td></td>
</tr>
<tr>
<td>(d) Chains, ropes and lifting tackles</td>
<td></td>
</tr>
<tr>
<td>(e) Woodworking machines</td>
<td></td>
</tr>
<tr>
<td>(f) Description of other types of machinery (if any)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You should cause the machines mentioned at paragraphs 8 (a), (b) and (c) to be examined by a Registered Machinery Inspector and submit the original report of the result of such examination to the Director, Occupational Safety and Health within 28 days of completion of examination.
Responsible person in general charge of all machinery:
Name: ..............................................................................................................................
Residential address: ........................................................................................................
Qualifications: ..................................................................................................................

9. State any chemical substance in use: .................................................................

10. Name of applicant: ..............................................................................................
    Occupational status: ..............................................................................................
    National Identity Card No.: ....................................................................................

    Signature of applicant: ...........................................................................................

    Date: ............................................

FOR OFFICE USE ONLY

1. Application/renewal* approved/not approved* with/without* condition for the period
   .................................................................................................................................

    Date: ................................................ ............................................................... for Permanent Secretary

2. Fee paid: Rs..................................
    Surcharge: Rs..............................
    Total paid: Rs.............................
    Receipt No.: ............................... 

    Date: ................................................ ............................................................... for Permanent Secretary

* Delete as appropriate
THIRD SCHEDULE
(regulation 4(b))

MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND EMPLOYMENT

JOB CONTRACTOR’S PERMIT

The Employment Rights Act

File Ref. No. ..............................
......................................................................................................................................................
of......................................................................................................................................................
registered under the National Pension Scheme at the Ministry of Social Security, National Solidarity
and Senior Citizens Welfare and Reform Institutions as employer with registration
No. ........................................, is hereby authorised to carry out business as Job Contractor, employing
up to 50 workers/more than 50 workers* for the performance of .................................
......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................
for period ...................................................... to ...........................................................................

Subject to the following conditions being complied with -

1. Any permit holder should comply at all times with relevant provisions of the Employment Rights
   Act and the Occupational Safety and Health Act and the relevant (Remuneration Order/s)
   Regulations.

2. Any permit holder who intends to cease business should notify the Permanent Secretary by
   registered letter 21 days before the expiry of the Permit.

3. Any permit holder should ensure that every work undertaken by him is supervised by a
   competent person.
......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................

Fees paid................................... Signature................................................

for Permanent Secretary

Receipt No. ...............................

Date issued ...............................

Name of Officer

* Delete as appropriate

Note: This permit should be produced upon request