



LLCT Solutions

Labour Law Compliance & Transformation

Labour law, compliance, and transformation consultancy membership form for organizations

Personal and professional details:

Click or tap here to enter text.

Full name:

Click or tap here to enter text.

ID/passport number:

Click or tap here to enter text.

Job title/designation:

Click or tap here to enter text.

Contact number:

Click or tap here to enter text.

Email address:

Click or tap here to enter text.

Residential address:

Click or tap here to enter text.

Employment information:

Click or tap here to enter text.

Employer/organizational name:

Click or tap here to enter text.

Industry sector:



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Click or tap here to enter text.

Workplace address:

Click or tap here to enter text.

Employment statuts; (permanent) (probation) or (other)

Click or tap here to enter text.

Membership options and fees:

Click or tap here to enter text.

Select a plan that relates to your business and needs;

Model 1- Fixed package:

1. Small business enterprises = R3 500 monthly
1-20 employees.
2. Organizations in Growth = R7 000.00 monthly
20-50 human capital/employees
3. Large organizations/Corporate = R19 000.00 monthly
50-150 human capital/employees
4. Open window plan = R43 500.00 monthly
150+ human capital/employees.

Out of scope work will be charged, subscribing clients will get 15% discount

ALL THESE subscription charges ARE VAT exclusive.

Payment frequency: (monthly debit order), (quortaly payment), or (annual payment)

Banking detail for debit or if applicable:



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Bank Name: _____

Account holder: _____

Account number: _____

Branch code: _____

Terms, declaration, and POPIA consent: I __hereby apply for membership with LLCT solutions. I declare that the details provided are true and accurate. I understand that LLCT provide labour law compliance and transformation services in accordance with applicable South African labour laws. I consent to to the processing of my personal information strictly for administrative and service delivery purposes.

Applicant signature:

Date:

