



UI-19

UNEMPLOYMENT INSURANCE Act 63 of 2001 as amended

Employer's Declaration of Employees for the month Information to be submitted in terms of Section 56 (1&3) read with Regulation 13 (1&2)

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An employer must be the seventh day of each month inform the Commissioner with all the information during the previous month during the previous month regarding the employer's contact details or employees' remuneration details including new appointments and termination of service. The employer must forward this form to the Unemployment Insurance Fund at (012)337-1947/44 or 337-1580/81/82 or submit same at any branch of the UIF which is closest to the employer. The completed form can also be faxed to any of the following numbers: Pretoria (012) 309 5142/5286; Johannesburg (011) 497 3293; Durban (031) 366 2156; Polokwane (015)290 1670; Mmabatho (018) 384 2658; East London (043)701 3263; Bloemfontein (051)447 9353; Cape Town (021)441 8024; Witbank (013)656 0233; Port Elizabeth (041)506 5142; Germiston (011)873 2219; George (044)873 2568; Pietermaritzburg (033)394 5069 Or mail to: uif.declarations@labour.gov.za.

1.EMPLOYER'S DETAILS

1.1 UIF Employer Reference No. [] Branch No. [] 1.2 PAYE Reference No (If registered with SARS) [] 1.3 Trading name of business _____ 1.4 Physical address: _____ 1.5 Address where employees listed in item 2 work (if different to the address in 1.4) _____ 1.6 Postal address: _____ 1.7 Co. Reg. No. (CIPRO No) [] 1.8 E-mail: _____ 1.9 Fax No: _____ 1.10 Phone number: _____ 1.11 Authorised person** _____

2.EMPLOYEE DETAILS

Table with columns: A Surname, B Initials, C Identity Document Number, D* Total (Gross) Remuneration paid to Employee Per Month (R, C), E Total hours worked during the month, F Commencement date of Employment (D, D, M, M, Y, Y), G Termination Date (D, D, M, M, Y, Y), H Reasons Termination (use termination codes as supplied at the bottom of the page), I Indicate whether contributor or non-contributor (YES OR NO), J*** If non-Contributor state reason (use codes as supplied at the bottom of the page)

I, _____ (Name of employer), ID No. _____, declare that the above information is true and correct. I understand that it is an offence to make a false statement.

EMPLOYER'S SIGNATURE: _____

DATE: _____

Table with columns: Description, Code, J (Reason for non-contribution***), Employer's stamp (if available). Includes codes 1-9 and descriptions for various employee categories.

Reasons for termination codes table with columns: 2 Deceased, 3 Retired, 4 Dismissed, 5 Contract expired, 6 Resigned, 7 Constructive dismissal**, 8 Insolvency/Liquidation, 9 Maternity/Adoption, 10 Illness/Medical boarded, 11 Retrenched/Staff reduction, 12 Transfer to another Branch, 13 Absconded, 14 Business closed, 15 Death of Domestic Employer, 16 Voluntary severance package, 17 Reduced Work Time, 18 Commissioning Parental, 19 Parental Leave