



COVID19 TERS EXTENSION – MOTIVATION FOR INCLUSION FORM

PARTICULARS OF EMPLOYER

Table with 2 columns: Field Name, Value. Fields include Name of Employer, UIF Reference Number, Name of Employer Representative, ID number, Contact Number, Email address, and Business Physical Address.

BUSINESS ACTIVITY DETAILS

Table with 2 columns: Field Name, Value. Fields include Company/Website, Current SIC code, State primary business activity, Mark (X) which rejection message reflected on the front-end TERS portal, and State reason SIC code does not align with that listed as part of the Annexure A.

MOTIVATION FOR CONSIDERATION FOR INCLUSION

Please provide detailed explanation why your business activity is linked to the approved sectors for TERS extension, and how the employees within have been affected by regulations, such that they have been unable to work their normal hours or have been temporarily laid off.

Explanation of business activity and how this relates to regulatory restrictions for sectors listed Annexure A



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA



Supporting Documents Attached
1. ...
2. ...
3. ...

Examples of supporting documents could be:

- Company Profile / Brochure
- Proof of registration of business
- Proof of membership of an industry body, Tourism SA, etc.
- Proof of sales or purchase to indicate business activity/client linked to affected sector
- Proof of registration with SETA or any statutory body (e.g. Liquor Licensing or Gambling Boards) within the approved TERS extension sectors

SUBMISSION PARTICULARS

Signed on behalf of the Employer	
Name of Signatory	
Date	

- FOR COMPLETION BY UIF -

Decision by UIF Official	
Signed on behalf of the UIF	
Name of UIF Official	
Date	