



UI-8

UNEMPLOYMENT INSURANCE FUND
230 Lillian Ngoyi Street, Absa Towers, Pretoria Central / P. O. Box 1851, Pretoria, 0001
APPLICATION FOR REGISTRATION AS AN EMPLOYER | Unemployment Insurance Contributions Act, 2002

Completed form can be posted to the UIF, or faxed to (012) 337-1636 or submitted at any branch of the UIF which is closest to the employer. The 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 (Emalahleni) (013) 656 0233; Port Elizabeth (041) 586 1541; Germiston (011) 873 2219; George (044) 873 2568; Pietermaritzburg (033) 394 5069; Kimberley (053) 832 7218

EMPLOYER INFORMATION TO BE PROVIDED:

- 1. (a) Date on which the first contributor (employee) was employed or date on which business changed ownership:.....
(b) Number of contributors employed:
2. Name under which business is carried on (Trade Name):
3. Ownership Type: [] 1 = Sole Owner, 2 = Partnership, 3 = Company, 4 = Close Corporation, 5 = Trust, 6 = Other
4. Nature of business:.....
5. In the case of a Co. or CC, the Registered Name..... and Number.....
6. PAYE number if registered with SARS (Not the VAT or Personal Tax Number):
7. Magisterial district in which business is situated.....8. Municipality:
9. Business telephone and fax numbers: Code: Phone number: Fax number:.....
10. Business e-mail address (if applicable):
11. Language preference: [] 1 = English, 2 = Afrikaans
12. Business postal address:Postal code:
13. Business street address:Postal code:
14. Particulars of owner, partners, directors, members, chairperson, secretary, etc.
• Surname and Initials..... ID No []
• Postal address:..... Postal code:
• Residential address:.....Postal code:
• Surname and Initials..... ID No []
• Postal address: Postal code:
• Residential address:.....Postal code:
• Surname and Initials..... ID No []
• Postal address: Postal code:
• Residential address:.....Postal code:

- N.B. Where ID number is not applicable, please indicate passport or other identification number.
N.B. A completed form UI-19 in respect of employees must accompany this form, or please indicate clearly that the information of employees will be submitted electronically.
• I hereby declare that all the information furnished on this form, is true and correct.

Date: Signature of employer or authorised agent: