

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) 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. 1.2 PAYE Reference Branch No. 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. 1.8 E-mail: 1.9 Fax No: (CIPRO No) 1.10 Phone number: 1.11 Authorised person** 2.EMPLOYEE DETAILS D* .|*** В Е G Н Surname Initials **Identity Document Number** Total (Gross) Total Commencement date **Termination Date** Reasons Indicate If non-Contributor of Employment Termination (use Remuneratio hours whether state reason n paid to worked termination codes contributor or (use codes as Employee during as supplied at the nonsupplied at the bottom of the contributor bottom of the page) Per Month the (YES OR NO) month page) С (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: Description If the employer is not a resident in the RSA, or is a body corporate not registered in the RSA, an J (Reason for non-contribution*** Employer's stamp (if available) Code: authorised person must carry out the duties of the employer in terms of this Act. Temporary employees (less than 24 hours per month) Remuneration means actual basic salary plus payment in kind (Declare actual gross salary) Learners in terms of the skills development Act If paid weekly, convert wages to monthly salary (weekly wages X 52/12) Employees in the National and Provincial spheres of Government 3 Total hours worked, i.e. actual hours worked during the month. Employees who are repatriated at the end of their contract of service E* Employers may also submit these details electronically from payrolls or on the UIF's website at 5 Employees who earn commission only 6 No income paid for the payroll period www.labour.org.za Only applicable for commercial employers, Domestic employers - provide surname and initials. Employees in receipt of an Old Age Pension from the state Constructive dismissal can only be determined by the CCMA: Bargaining Council or Labour Court. Employees who receive a pension payment from Employer Above the ceiling Reasons for termination codes 2Deceased 10 Illness/Medical boarded 6 Resigned 14 Business closed 17 Reduced Work Time 3Retired 7 Constructive dismissal** 11 Retrenched/Staff reduction 15 Death of Domestic Employer 18 Commissioning Parental 4 Dismissed 8 Insolvency/Liquidation 12 Transfer to another Branch 16 Voluntary severance package 19 Parental Leave 5 Contract expired 9 Maternity/Adoption 13 Absconded