

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

FAX:	0866	323	503	



Employers Declaration of Employees for the month of information to be supplied in terms of Section 56(1&3) read with Regulation 13(1&2)

remuneration deta 1580/81/82 or sub Jhb (011) 497 32 (013) 656 0233; P . 1. EMPLO 1.1 UIF Employe © 1.3 Trading nam	omit same 93; Dbn E (041) 5 OYER DH er Referei	e at any (031) 3 (86 154 E TAIL nce No	brand 366 21 41; Gm	ch of 56; I	the Polol	UIF kw a	wh ne (ich i (015	is clo () 290	sest) 167	to th '0; M	e employ Imabath	ver. The o	completed 384 2658; I 33) 394 50	form E ast	can Ldr YE	also 1 (04 Refe	be to	faxe 01 3 ce No	d to ; 263;	any Blf t	of th t n (0	e fol 51)	llow: 447	ing r 9353	numl 3; C 7	pers: Pta (01	2) 309 5142	
1.5 Address where employees listed in Item 2 work (if different to the address in 1.4) 1.8 E-mail address 1.9 Fax No						1.7	1.6 Postal address 1.7 Co. Reg.No (CIPRO No)																						
 E-mail addres EMPLOYEI 	_	ILS					1.9	Г	ax IN	O	_			1.10) Pii	опе	NO								_ 1.	.11A	uthorised per	SON***	
					C ID Number it bar-coded RSA ID No)							Total Remune to Emp	D* (Gross) ration paid bloyee Per conth	E* Total Hours Worked during Month		F Commencement date of Employment					G Termination Date						H Reason for 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 reasor (Use codes at bottom of page)
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I.						\mathcal{C}	Nar	ne c	of En	nplo	ver)	. ID No					. (decl	are t	hat	the :	abov	e in	for	nati	on i	s true and c	orrect. I	

An employer must by the seventh day of each month provide the Commissioner with all the information for the previous month regarding the employer's contact details or employees

EMPLOYER SIGNATURE

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DESCRIPTIONS

- If the employer is not resident in the RSA, or is a body corporate not registered in the RSA, an authorised person must carry out the duties of the employer in terms of this Act.
- D* Remuneration means remuneration as specified by the Unemployment Insurance Contributions Act If paid Weekly, convert remuneration to monthly salary (weekly remuneration X 52/12)
- **E*** Total Hours Worked ie. Actual hours worked during the month

understand that it is an offence to make a false statement.

- Employers may also submit these details electronically from payrolls or on the UIF's website at www.labour.gov.za(Ufiling) Tel. no (012) 337 1680/1700
- Only Applicable for Commercial Employers. For Domestic Employers provide Surname and Initials
- Can only be determined by CCMA; Bargaining Council or Labour Court

DATE

- (J) Reason for Non-Contribution *** Code
- Temporary employees (less that 24 hours per month) 1
 - No income paid for the payroll period

REASON	FOR TERMINATION CODES	

Deceased 10 Illness /Medically boarded 14 **Business Closed** Resigned Retired Constructive Dismissal **** 11 Retrenched/Staff Reduction 15 **Death of Domestic Employer** Insolvency/Liquidation Voluntary Severance Package Dismissed 12 Transfer to another Branch 16 **Contract Expired** Maternity/Adoption 13 Absconded 17 Reduced Work Time