UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED

UI-19

Employer's Declaration of Employees for the month of

Information to be supplied in terms of Section 56(1&3) read with Regulation 13(1&2)

An employer must by the seventh day of each month inform the Commissioner with all the information 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) 337-1943/44 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: Pta** (012) 309 5142/5286; **Jhb** (011) 497 3293; **Dbn** (031) 366 2156; **Polokwane** (015) 290 1670; **Mmabatho** (018) 384 2658; **East Ldn** (043) 701 3263; **Blftn** (051) 447 9353; **CT** (021) 441 8024; **Wtb** (013) 656 0233; **PE** (041) 506 5142; **Gmn** (011) 873 2219; George (044) 873 2568; **Pmb** (033) 394 5069. Or mail to: uif.declarations@labour.gov.za

1. EMPLOYER 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 address _____ 1.9 Fax No _____

1.10 Phone No _____ 1.11 Authorised person** _____

2. EMPLOYEE DETAILS

A Surname	B Initials	C Identity Document Number	D* Total (Gross) Remuneration paid to Employee Per Month		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 reason (Use codes at bottom of page)
			R	c		D	D	M	M	Y	Y	D	D	M	M	Y	Y			

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 SIGNATURE **DATE** _____

	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 actual basic salary plus payment in kind (Declare actual gross salary)
	If paid Weekly, convert wages to monthly salary (weekly wages X 52/12)
E*	Total Hours Worked ie. Actual hours worked during the month
	Employers may also submit these details electronically from payrolls or on the UIF's website at www.labour.gov.za
*	Only Applicable for Commercial employers. Domestic employers – provide Surname and initials
****	Constructive dismissal can only be determined by the CCMA : Bargaining Council or Labour Court

Code	(J) Reason for Non-Contribution ***
1	Temporary employees (less than 24 hours per month
2	Employees who earn commission only
3	No income paid for the payroll period

Employer Stamp (if available)

REASON FOR TERMINATION CODES

2	Deceased	6	Resigned	10	Illness /Medically boarded	14	Business Closed	18	Commissioning Parental
3	Retired	7	Constructive Dismissal****	11	Retrenched/Staff Reduction	15	Death of Domestic Employer	19	Parental Leave
4	Dismissed	8	Insolvency/Liquidation	12	Transfer to another Branch	16	Voluntary Severance Package		
5	Contract Expired	9	Maternity/Adoption	13	Absconded	17	Reduced Work Time		