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| UNEMPLOYMENT INSURANCE ACT 63 OF 2001 | UI-19 |
|  | 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) |  |

An employer must by the seventh day of each month inform the Commissioner of any changes arising 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) 586 1541;**Gmn** (011) 873 2219;**George** (044) 873 2568; **Pmb** (033) 394 5069; **Kimberley** (053) 832 7218.

**1. EMPLOYER DETAILS**

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| 1.1 UIF Employer Reference No  |  |  |  |  |  |  |  | **/** |  | Branch No |  |  |  |  |  |  | 1.2 PAYE Reference No (If registered with SARS) |  |  |  |  |  |  |  |  |  |  |
| **①**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

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| A Surname | **B Initials** | CID Number (13 Digit bar-coded RSA ID No)  | D\*Total (Gross) Remuneration paid to Employee Per Month | **E\*****Total Hours Worked during Month** | FCommencement 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** |  |  |
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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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **DESCRIPTIONS**  |  | **Code** | **(J) Reason for Non-Contribution \*\*\*** |
| **\*\*** | **If the employer is not resident in the RSA, or is a body corporate not registered in the RSA, an authorised person must carry**  |  | **1** | **Temporary employees (less that 24 hours per month)** |
|  | **out the duties of the employer in terms of this Act.** |  | **2** | **Learners in terms of the Skills Development Act** |
| **D\*** | **Remuneration** means actual basic salary plus payment in kind **(Declare actual gross salary)** |  | **3** | **Employees in the National and Provincial spheres of Government** |
|  | **If paid Weekly, convert wages to monthly salary** (weekly wages X 52/12) |  | **4** | **Employees who are repatriated at the end of their contract of service** |
| **E\*** | **Total** **Hours Worked ie.** Actual hours worked during the month (**only** applicable for employees that are paid per hour) |  | **5** | **Employees who earn commission only** |
|  | **Employers may also submit these details electronically from payrolls or on the UIF’s website at** [**www.labour.gov.za**](http://www.labour.gov.za) |  | **6** | **No income paid for the payroll period** |
|  | **Tel. no (012) 337 1680/1700** |  | **7** | **Employees in receipt of an Old Age Pension from the State.** |
| **①** | **Only Applicable for Commercial Employers** |  | **8** | **Employees who receive a pension payment from Employer** |
|  |  |  | **9** | **Above the ceiling (Old Act)** |

**REASON FOR** **TERMINATION CODES**

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