labour
Department:
Labour
REPUBLIC OF SOUTH AFRICA

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

FAX: 0866 323 503

UIF WORKING FOR YOU

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 provide the Commissioner with all the information for 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.

1. EMPLOYER DETAILS

1.1 UIF Employer Reference No ☐☐☐☐☐☐☐ / ☐

1.2 PAYE Reference No (If registered with SARS) ☐☐☐☐☐☐☐☐☐☐

①1.3 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 ID Number (13 Digit bar-coded RSA ID No)	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 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
	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**
①	**Only Applicable for Commercial Employers. For Domestic Employers provide Surname and Initials**
****	**Can only be determined by CCMA; Bargaining Council or Labour Court**

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

REASON FOR TERMINATION CODES

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	17	Reduced Work Time