employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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. | 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: _____ 1.9 Fax No: _____

1.10 Phone number:_____1.11 Authorised person**_____

2.EMPLOYEE DETAILS

A Surname	B Initials	C Identity Document Number	D* Total (Gross) Remuneration paid to Employee Per Month R C	E Total hours worked during the month	F Commencement date of Employment D D M M Y Y	G Termination Date D D M M Y Y	H Reasons 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 as supplied at the bottom of the page)

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'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 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)
E*	If paid weekly, convert wages to monthly salary (weekly wages X 52/12)
	Total hours worked, i.e. actual hours worked during the month.
①	Employers may also submit these details electronically from payrolls or on the UIF's website at www.labour.org.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	Learners in terms of the skills development Act
3	Employees in the National and Provincial spheres of Government
4	Employees who are repatriated at the end of their contract of service
5	Employees who earn commission only
6	No income paid for the payroll period
7	Employees in receipt of an Old Age Pension from the state
8	Employees who receive a pension payment from Employer
9	Above the ceiling

Employer's stamp (if available)

Reasons for termination codes

2 Deceased	6 Resigned	10 Illness/Medical boarded	14 Business closed	17 Reduced Work Time
3 Retired	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		