## **UNEMPLOYMENT INSURANCE ACT 63 OF 2001**

## Change of information about employees

FAX NO (012) 337-1943/1944

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

An employer must before the seventh day of each month inform the commissioner of any change arising during the previous month regarding the employer's contact details or employees remuneration details. The employer must forward this form to the Unemployment Insurance Fund, 94 Church Street, Pretoria, 0001.

## 1. EMPLOYER DETAILS

| 1.1 UIF Employer Reference   | e. No      | Branch No      |  |   |      |        |        |   |                              | 1.2 Name of employer: |                                 |         |                                 |   |        |                        |       |      |       |                        |          |      |       |                                 |           |
|--|------------|----------------|--|---|------|--------|--------|---|------------------------------|-----------------------|---------------------------------|---------|---------------------------------|---|--------|------------------------|-------|------|-------|------------------------|----------|------|-------|---------------------------------|-----------|
| 1.3 Physical address   |            |                |  |   |      |        | 1.4    | ₽   | ostal add                    |                       |                                 |         |                                 |   |        |                        |       |      |       |                        |          |      |       |                                 |           |
| 1.5 Address where employees listed in Item 2 work<br>(if different to the above address) |            |                |  |   |      |        |        | 1.6 PAYE Reference No.<br>(If registered with SARS) |                              |                       |                                 |         |                                 |   |        |                        |       |      |       |                        |          |      |       |                                 |           |
|  |            |                |  |   |      |        |        |   | 1.7 Company Registration No: |                       |                                 |         |                                 |   |        |                        |       |      |       |                        |          |      |       |                                 |           |
| 1.8 E mail address 1.9 Fax number  |            |                |  |   |      |        |        | 1.10 Tel number 1.11 Authorised person_1            |                              |                       |                                 |         |                                 |   |        |                        |       |      |       |                        |          |      |       |                                 |           |
| 2. EMPLOYEE DETA   | ILS        |                |  |   |      |        |        |   |                              |                       |                                 |         |                                 |   |        |                        |       |      |       |                        |          |      |       |                                 |           |
| A.<br>Surname  | B.<br>Name | C.<br>Clock No | D.<br>ID Number<br>(13 Digit RSA ID No.) |   |      |        |        |   |                              |                       | E.<br>Remuneration <sup>2</sup> |         | F.<br>Frequency<br><sup>3</sup> | G.<br>Contribution<br>Amount <sup>4</sup> |        | H.<br>Starting<br>Date |       |      |       | I.<br>Termination Date |          |      |       | J.<br>Reason for<br>Termination |           |
|  |            |                |  |   |      |        |        |   |                              | R c                   |                                 |         |                                 | R c                                       |        |                        |       |      |       |                        |          |      |       |                                 |           |
|  |            |                |  |   |      |        |        |   |                              |                       |                                 |         |                                 |   |        |                        |       |      |       |                        |          |      | ++    |                                 |           |
|  |            |                |  |   |      |        |        | _   |                              | -                     |                                 |         |                                 |   |        |                        |       |      |       |                        | $\vdash$ |      | +     | _                               |           |
|  |            |                |  |   |      |        |        |   |                              |                       |                                 |         |                                 |   |        |                        |       |      |       | -                      |          | ·    |       | -                               |           |
|  |            |                |  |   |      |        |        |   |                              |                       |                                 |         |                                 |   |        |                        |       |      |       |                        |          |      |       |                                 |           |
|  |            | _              |  |   |      |        |        |   |                              |                       |                                 |         |                                 |   |        |                        |       |      |       |                        |          |      |       |                                 |           |
|  |            |                |  |   |      | -      |        | _   |                              | -                     |                                 |         |                                 |   | _      |                        |       |      |       |                        | +        |      | +     | -                               |           |
| I,(Name of Empl  |            | _, ID NO       |  | · | , de | eclare | e that | t the   | above                        | e in                  | nformatio                       | n is ti | rue and corn                    | rect. I u                                 | inders | stand                  | l tha | t it | is an | offe                   | nce      | to m | ake a | false s                         | tatement. |

EMPLOYER SIGNATURE

DATE

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> Remuneration is defined in terms of section 1 of the Unemployment Insurance Contributions Act

<sup>&</sup>lt;sup>3</sup>. Frequency of salary/wage payment ie. M=Monthly, W=Weekly, D=Daily and H=Hourly

<sup>&</sup>lt;sup>4</sup> Total contribution = the amount payable by both employer and employee i.e. 2% X amount of column G

<sup>5</sup> Employers may also submit these details electronically from their payrolls or on the UIF's Website at www.uif.gov.za - Telephone no (012) 337 1680.