

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

Information about employees supplied by employer

FAX NO (012) 337-1943/1944

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

Employers must complete this form within 7 days of commencing activities as an employer and submit it to the UI Commissioner at the Unemployment Insurance Fund, 94 Church Street, Pretoria, 0001. **PLEASE NOTE; UI-19 MUST BE COMPLETED FOR CHANGE OF INFORMATION ABOUT EMPLOYEES**

1. EMPLOYER DETAILS

1.1 UIF Employer Reference. No _____ Branch No _____ 1.2 Name of employer: _____
 1.3 Physical address _____ 1.4 Postal address: _____
 1.5 Address where employees listed in Item 2 work _____ 1.6 PAYE Reference No. _____
 (if different to the above address) _____ (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 DETAILS

A. Surname	B. Name	C. Clock No	D. ID Number (13 Digit RSA ID No.)	E. Remuneration ²		F. Frequency ³	G. Contribution Amount ⁴		H. Starting Date					
				R	c		R	c						

I, _____, ID NO _____, declare that the above information is true and correct. I understand that it is an offence to make a false statement.
 (Name of Employer)

EMPLOYER SIGNATURE _____

DATE _____

¹ 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.
² Remuneration is defined in terms of section 1 of the Unemployment Insurance Contributions Act
³ Frequency of salary/wage payment ie. M=Monthly, W=Weekly, D=Daily and H=Hourly
⁴ Total contribution = the amount payable by both employer and employee i.e. 2% X amount of column G
⁵ 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.