# UNEMPLOYMENT INSURANCE ACT 63 OF 2001

## 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

1.1 UIF Employer Reference No / Branch 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 | | | |
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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** _____

**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 actual basic salary plus payment in kind **(Declare actual gross salary)**
**If paid Weekly, convert wages to monthly salary** (weekly wages X 52/12)

E* **Total Hours Worked ie.** Actual hours worked during the month (**only** applicable for employees that are paid per hour)

**Employers may also submit these details electronically from payrolls or on the UIF's website at www.labour.gov.za**
**Tel. no (012) 337 1680/1700**

① **Only Applicable for Commercial Employers**

| Code | (J) Reason for Non-Contribution *** |
|---|---|
| 1 | Temporary employees (less that 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 (Old Act) |

**REASON FOR TERMINATION CODES**

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