(1 April 2003 - to date)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

(Government Notice 88 in Government Gazette 23064 dated 28 January 2002. Commencement date: 1 April 2002 [Proc. No. R27, Gazette No. 23283])

PUBLICATION OF DOMESTIC WORKERS APPLICATIONS FORMS WHICH ARE UI-8D(E), UI-8D(A) AND UI-19D IN TERMS OF THE UNEMPLOYMENT INSURANCE ACT, 2001

Government Notice R363 in Government Gazette 25033 dated 12 March 2003. Commencement date: 1 April 2003.

Under Section 3(2) of the Unemployment Insurance Act, 2001 (Act No 63 of 2001), I MEMBATHISI MPHUMZI SHEPHERD MDLADLANA, Minister of Labour, hereby publish the domestic worker's application forms in the *Government Gazette* which will come into operation with effect from 1 April 2003.

(signed)

MINISTER OF LABOUR



UNEMPLOYMENT INSURANCE ACT 63 OF 2001 Information about employee

FAX NO (012) 337-1943/1944/1580/1581/1582

Information to be supplied in terms of Section 56(1&3) read with Regulation 13(1&2)

An employer must before 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 UIF, PRETORIA, 0052 or alternatively fax form to the above number.

1. EMPLOYER DETAILS

1.1 UIF Employer Reference No. 1.3 Physical address															1.2		of Employer address														
1.5 Phone No			_	_ 1	.6	Fa	x N	D		_				1	1.7	7 E-mai	l address			_					_						
2. EMPLOYEE DETAILS	B Initials			(13 D		ID P	C Numb oded		A ID	Np.)	,		D	ion'	I	E Frequency Paid ¹ PM/PW/PD	F Actual Hours Worked ³	G Frequency Worked ⁴	,		nence	H :meni tribu	l date tor	ы		т	ermin	l ation	Date		J Reason for Termination
			_	_	_	_		_	_		_		R	¢	1				D	D	м	м	v	Ŷ	D	D	м	м	Y	v	
I, make a false statement.		(Na	me (of E	mp	loy	er),	1de	entit	ty n	o _				, decla	re that the abo	ove informa	tio	n is	true	and	ł co	rec	. 1	und	ersta	ind i	that i	it is a	in offence to

EMPLOYER SIGNATURE

DATE _____

¹ Remuneration means actual basic salary plus payment in kind (Declare actual gross salary)

² Frequency Paid ie. M=Monthly, W=Weekly, D=Daily, H=Hourly and F=Fortnightly

³ Actual Hours Worked ie. Actual hours worked per day/week/month

Frequency Worked ie. M=Monthly, W=Weckly, D=Daily, H=Hourly and F=Fortnightly

⁵ Employers may also submit these details electronically from their payrolls or on the UIF's Website at www.labour.gov.za - Telephone no (012) 337-1700/1.

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(A)48-IU

WERKLOOSHEIDVERSEKERINGSFONDS Kerkstraat 94, Pretoria / Posadres: WVF, Pretoria, 0052 / Webadres: www.labour.gov.za / Tel: (012) 337-1700 Faks: (012) 337-1636/1929/1941/1942/1943/1944 AANSOEK OM REGISTRASIE AS WERKGEWER VAN HUISHOUDELIKE WERKNEMERS

Unemployment Insurance Contributions Act, 2002

	SLEGS VIR KANTOORGEBRUIK
Al die inligting wat deur u verskaf word, sal as VERTROULIK beskou word	Aard van besigheid SNK Kode Eienaarskap Verwysingsnommer Privaat Huishouding 1000 1

WERKGEWER REGISTRASIE (Voltooi asseblief die UI-19 vorm vir die registrasie van werknemers)

1.	Van, voorletters en volle voorname:
	Van: Voorletters:
	Volle voorname:
2.	Identiteits / Werkpermit / Paspoortnommer:
3.	Posadres waarheen korrespondensie gestuur moet word: Poskode:
4.	Tel. No. gedurende werksure/na ure: Kode: Nommer: Sel:
5.	Taalvoorkeur: Engels: Afrikaans:
6.	Datum waarop werkgewer bydrapligtig geword het vir die betaling van WVF bydraes:
7.	Persoonlike e-pos adres (indien toepaslik):
ş.	Woonadres.
9.	Landdrosdistnk waarin woonadres gelee is.
_	

Datum Handtekening van werkgewer ----

UNEMPLOYMENT INSURANCE FUND

94 Church Street, Pretoria / Postal Address: UIF, Pretoria, 0052 / Web Address: www.labour.gov.za / Tel: (012) 337-1700 Fax: (012) 337-1636/1929/1941/1942/1943/1944 APPLICATION FOR REGISTRATION AS AN EMPLOYER OF DOMESTIC EMPLOYEES

Unemployment Insurance Contributions Act, 2002

	FOR OFFICE USE ONLY
All the information provided by you will be treated as CONFIDENTIAL	Nature of business SIC Code Ownership Reference number Private Household 1000 1

EMPLOYER REGISTRATION (Please complete the UI-19 form for the registration of employees)

Su	Initials:
Fu	ill first names:
lde	entity / Work Permit / Passport number:
Po	stal address to which correspondence must be sent:
	Postal Code:
Te	I. No. during office hours/after hours: Code: Number: Cell:
La	nguage preference: English: Afrikaans:
Da	te on which employer became liable for the payment of UIF contributions: 2 0 0 0 0 0
Pe	ersonal e-mail address (if applicable):
Re	esidential address:
	agisterial district in which residential address is situated:

Signature of employer

UI-80(E)