



# Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA  
REPUBLIEK VAN SUID-AFRIKA

*Regulation Gazette*

**No. 7610**

*Regulasiekoerant*

**Vol. 453**

**Pretoria, 12 March  
Maart 2003**

**No. 25033**



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**AIDS HELPLINE: 0800-0123-22 Prevention is the cure**

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**GOVERNMENT NOTICE**

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**DEPARTMENT OF LABOUR****No. R. 363****12 March 2003****UNEMPLOYMENT INSURANCE ACT, 2001****REGULATIONS****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**

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.

**MINISTER OF LABOUR**



**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

• Al die inligting wat deur u verskaf word, sal as VERTROULIK beskou word

| SLEGS VIR KANTOORGEBRUIK |          |             |                  |
|--------------------------|----------|-------------|------------------|
| Aard van besigheid       | SNK Kode | Elenaarskap | 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: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Volle voorname: |  |  |  |  |              |                      |                      |                      |                      |                      |

2. Identiteits / Werkpermit / Paspoortnommer:

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

3. Posadres waarheen korrespondensie gestuur moet word:

|  |  |  |  |          |                      |                      |                      |                      |
|--|--|--|--|----------|----------------------|----------------------|----------------------|----------------------|
|  |  |  |  | Poskode: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--|--|--|--|----------|----------------------|----------------------|----------------------|----------------------|

4. Tel. No. gedurende werksure/na ure:

|       |                      |         |                      |      |                      |
|-------|----------------------|---------|----------------------|------|----------------------|
| Kode: | <input type="text"/> | Nommer: | <input type="text"/> | Sel: | <input type="text"/> |
|-------|----------------------|---------|----------------------|------|----------------------|

5. Taalvoorkeur:

|         |                      |            |                      |
|---------|----------------------|------------|----------------------|
| Engels: | <input type="text"/> | Afrikaans: | <input type="text"/> |
|---------|----------------------|------------|----------------------|

6. Datum waarop werkgewer bydraeplichtig geword het vir die betaling van WVF bydraes:

|   |   |   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|---|---|--|--|
| 2 | 0 | 0 |   |   |   |   |   |  |  |
| J | J | J | J | M | M | D | D |  |  |

7. Persoonlike e-pos adres (indien toepaslik):

8. Woonadres:

9. Landdrosdistrik waarin woonadres geleë is:

Handtekening van werkgewer \_\_\_\_\_

Datum \_\_\_\_\_

### UNEMPLOYMENT INSURANCE FUND

94 Church Street, Pretoria / Postal Address: UIF, Pretoria, 0052 / Web Address: [www.labour.gov.za](http://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

• All the information provided by you will be treated as CONFIDENTIAL

| FOR OFFICE USE ONLY |          |           |                  |
|---------------------|----------|-----------|------------------|
| 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)

1. Surname, initials and full first names:

|                   |  |  |  |  |           |  |  |  |  |
|-------------------|--|--|--|--|-----------|--|--|--|--|
| Surname:          |  |  |  |  | Initials: |  |  |  |  |
| Full first names: |  |  |  |  |           |  |  |  |  |

2. Identity / Work Permit / Passport number:

3. Postal address to which correspondence must be sent:

Postal Code:

4. Tel. No. during office hours/after hours: Code:  Number:  Cell:

5. Language preference: English:  Afrikaans:

6. Date on which employer became liable for the payment of UIF contributions:

Y Y Y Y M M D D

7. Personal e-mail address (if applicable):

8. Residential address:

9. Magisterial district in which residential address is situated:

Signature of employer \_\_\_\_\_

Date \_\_\_\_\_

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Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001  
Publications: Tel: (012) 334-4508, 334-4509, 334-4510  
Advertisements: Tel: (012) 334-4673, 334-4674, 334-4504  
Subscriptions: Tel: (012) 334-4735, 334-4736, 334-4737  
Cape Town Branch: Tel: (021) 465-7531

Gedruk deur en verkrygbaar by die Staatsdrukker, Bosmanstraat, Privaatsak X85, Pretoria, 0001  
Publikasies: Tel: (012) 334-4508, 334-4509, 334-4510  
Advertensies: Tel: (012) 334-4673, 334-4674, 334-4504  
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