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**GOVERNMENT NOTICE**

Labour, Department of

*Government Notice*

R. 363  Unemployment Insurance Act (89/2001): Regulations: Publication of domestic workers application forms
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
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
   1.2 Name of Employer
   1.3 Physical address
   1.4 Postal address
   1.5 Phone No
   1.6 Fax No
   1.7 E-mail address

2. **EMPLOYEE DETAILS**

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<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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<th>H</th>
<th>I</th>
<th>J</th>
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<tbody>
<tr>
<td>Surname</td>
<td>Initials</td>
<td>ID Number (13 Digit bar-coded RSA ID No.)</td>
<td>Remuneration</td>
<td>Frequency Paid</td>
<td>Hours Worked</td>
<td>Frequency Worked</td>
<td>Commencement date as a contributor</td>
<td>Termination Date</td>
<td>Reason for Termination</td>
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I, ________________________ (Name of Employer), Identity 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 ____________

---

1. Remuneration means actual basic salary plus payment in kind (Declare actual gross salary)
2. Frequency Paid i.e. M=Monthly, W=Weekly, D=Daily, H=Hourly and F=Fortnightly
3. Actual Hours Worked i.e. Actual hours worked per day/week/month
4. Frequency Worked i.e. M=Monthly, W=Weekly, 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.
**WERKLOOSHEIDVERSEKERINGSFONDS**

AANSOEK OM REGISTRASIE AS WERKGEWER VAN HUISHOUDELIKE WERKNEMERS
Unemployment Insurance Contributions Act, 2002

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<table>
<thead>
<tr>
<th>SLEGS VIR KANTOOR GEBRUIK</th>
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<tbody>
<tr>
<td>Aard van besigheid</td>
<td>SNK Kode</td>
<td>Eienaarskap</td>
<td>Verwyseingsnommer</td>
</tr>
<tr>
<td>Privaat Huishouding</td>
<td>1000</td>
<td>1</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>WERKGEWER REGISTRASIE (Voltooi asseblief die UI-19 vorm vir die registrasie van werknemers)</th>
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</table>

1. Van, voorletters en volle voornome:
   - Van: |
   - Voorletters: |
   - Volle voornome: |

2. Identiiteits / Werkpermit / Paspoortnommer: |

3. Posadres waaronder korrespondensie gestuur moet word: |

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

5. Taalvoorkeur: Engels: |
   Afrikaans: |

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

7. Persoonlike e-pos adres (Indien toepaslik): |

8. Woonadres: |

9. Landdrosdistrik waarin woonadres geleë is: |

---

Handleiking van werkgewer ____________

Datum ____________
**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**

<table>
<thead>
<tr>
<th>Nature of business</th>
<th>SIC Code</th>
<th>Ownership</th>
<th>Reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Household</td>
<td>1000</td>
<td>1</td>
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</tr>
</tbody>
</table>

**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:**
   - ___________________________  
   - Postaicode: ___________________________

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 M M  
   - D D 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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