#### GOVERNMENT NOTICE

#### **DEPARTMENT OF LABOUR**

No. R. 400

28 March 2002

#### **UNEMPLOYMENT INSURANCE ACT, 2001**

#### REGULATIONS

PUBLICATION OF REGULATIONS IN TERMS OF SECTION 54 OF THE UNEMPLOYMENT INSURANCE ACT, 2001

Under section 54 of the Unemployment Insurance Act, 2001 (Act No. 63 of 2001), I MEMBATHISI MPHUMZI SHEPHERD MDLADLANA, Minister of Labour, hereby publish Regulations and forms in the Government Gazette which will come into operation with effect from 1 April 2002.

MANISTER OF LABOUR

#### DEPARTMENT OF LABOUR

#### UNEMPLOYMENT INSURANCE ACT

#### REGULATIONS

The Minister of Labour has, under section 54 of the Unemployment Insurance Act, 2001 (Act 63 of 2001), made the Regulations set out in the Schedule hereto.

#### SCHEDULE

1. In these Regulations, unless the context otherwise indicates-

"Act" means the Unemployment Insurance Act, 2001 and any word or expression to which a meaning has been assigned in the Act, has that meaning;

"Annexure" means an Annexure to these Regulations;

"certificate of service" means a certificate of service in terms of section 42 of the Basic Conditions of Employment Act, 1997 (Act no. 75 of 1997);

"identity document" means a 13-digit bar-coded RSA identity card or a RSA barcoded passport; and

"official" means a claims officer or an agent or official appointed in terms of section 58(9) of the Act to assist in administering the Act.

#### 2. Proof of identity

(1) An official must require an applicant for benefits or for the payment of any amount in terms of the Act to produce an identity document, but may not retain the document. (2) No claim for benefits may be processed and no benefits may be paid, unless the applicant has produced an identity document in terms of sub-regulation (1).

#### 3. Unemployment benefits in terms of section 17 of the Act

- (1) A contributor who applies for unemployment benefits in terms of section 17 of the Act must apply personally at an employment office by submitting a completed UI 2.1.
- (2) A contributor must, when applying for benefits or as soon thereafter as possible, submit-
  - (a) an identity document;
  - (b) if the applicant's services have been terminated, a certificate of service;
  - (c) details of a valid bank account.
- (3) An applicant for unemployment benefits, when reporting to an employment office in terms of section 17(4)(d) of the Act, must sign an unemployment register containing the particulars set out in UI 1.

#### 4. Illness benefits in terms of section 22 of the Act

- (1) An application for illness benefits in terms of section 22 of the Act must be made at an employment office by submitting a completed UI 2.2.
- (2) A contributor must, when applying for benefits or as soon thereafter as possible, submit
  - (a) an identity document;

- (b) if the applicant's employment has been terminated, a certificate of service;
- (c) details of a valid bank account.
- (3) An official may authorise any person to submit a claim on behalf of an applicant for illness benefits who is unable to apply personally. The official must require that person to submit satisfactory proof of their identity and that they have been authorised to apply on behalf of the applicant.
- (4) A contributor who has applied for illness benefits in terms of section 22 must complete a declaration in the form of UI 3 covering each period for which benefits are claimed.
- (5) An application for illness benefits in terms of section 22 of the Act must be accompanied by medical certificates on UI 2.2, completed and signed by a medical practitioner, chiropractor or homeopath who has treated the applicant.
- (6) (a) An official may require an applicant to be examined by a medical practitioner, chiropractor or homeopath nominated by the official.
  - (b) The Unemployment Insurance Fund must pay the costs of a medical examination in terms of paragraph (a).
- (7) Illness benefits may be paid for any medically recognisable disease, symptom or condition which prevents the applicant from working.
- (8) In terms of section 20(1)(b) of the Act, illness benefits may only be paid in cases of alcoholism or drug dependence for the period during which a person is admitted to and undergoes treatment at a registered rehabilitation centre or psychiatric hospital.
- (9) A contributor whose application for illness benefits has been approved, may be paid benefits in respect of any period approved by an official in terms of the Act.

#### 5. Maternity benefits in terms of section 25 of the Act

- (1) An application for maternity benefits in terms of section 25 of the Act must be made at an employment office and must be in the form of a complete UI 2.3.
- (2) An applicant for maternity benefits, when making the application or as soon thereafter as possible, must submit
  - (a) an identity document;
  - (b) if the employee's services have been terminated, a certificate of service;
  - (c) details of a valid bank account.
- (3) A contributor who has applied for benefits in terms of section 25 must submit a declaration in the form of UI 4 covering each period for which maternity benefits are claimed.
- (4) An application for maternity benefits must be accompanied by a medical certificate on UI 2.3 completed and signed by a medical practitioner or registered midwife who has examined the applicant.
- (5) (a) An official may require an applicant to be examined by a medical practitioner nominated by the official.
  - (b) The Unemployment Insurance Fund must pay the costs of a medical examination required in terms of sub-section (a).
- (6) A contributor who applies for maternity benefits before the birth of her child, if required by the claims officer, must submit a notification and declaration of birth on form UI 4 completed by herself and a medical practitioner or registered midwife.
- (7) A contributor whose application for maternity benefits has been approved may be paid benefits in respect of any period approved by an official in terms of the Act.

#### 6. Adoption benefits in terms of section 28 of the Act

- (1) An application for adoption benefits in terms of section 28 of the Act must be lodged at an employment office by submitting a completed UI 2.4.
- (2) A contributor who has applied for adoption benefits must when making the application, or as soon thereafter as possible, submit
  - (a) an identity document;
  - (b) if the employee's services have been terminated, a certificate of service;
  - (c) details of a valid bank account;
  - (d) a certified copy of the birth certificate of the child; and
  - (e) a certified copy of the order of adoption.
- (3) A contributor who has applied for adoption benefits in terms of section 28 must submit to the official a declaration in the form of UI 5 covering each period for which adoption benefits are claimed.
- (4) A contributor whose application for adoption benefits has been approved may be paid benefits in respect of any period approved by the official in terms of the Act.

#### 7. Dependant's benefits in terms of section 31 of the Act

- (1) An application for dependant's benefits must be made at an employment office by submitting -
  - (a) in the case of a surviving spouse or life partner, a completed UI 2.5, or
  - (b) in the case of a child, a completed UI 2.6.

- (2) An application for dependant's benefits, when applying or as soon thereafter possible, must submit
  - (a) the identity documents of both the deceased and the applicant;
  - (b) details of a valid bank account;
  - a certified copy of a death certificate, post-mortem certificate or burial order of the deceased contributor;
  - in the case of a surviving spouse, a certified copy of a marriage certificate or customary union certificate;
  - (e) in the case of a surviving life partner, proof that the applicant is the surviving life partner of the deceased contributor;
  - (f) in the case of a child under the age of 21 years at the time of death of the deceased contributor, a certified copy of the birth certificate of the child and documentary proof of the child's relationship to the deceased;
  - (g) in the case of a child who was 21 years or older at the time of death of the deceased, documentary proof that the child is a learner or was wholly or mainly dependant upon the deceased.

#### 8. Appeals in terms of section 37(1) of the Act.

- (1) An appeal against a decision of the Commissioner or a claims officer in terms of section 37(1) must be made by submitting a completed UI 12 by hand or registered post to the Appeals Committee of the Board at 94 Church Street, Pretoria, 0001 or by telefax to 012-3371893.
- (2) An appeal must be lodged within 90 days of the decision appealed against.

- (3) The Appeals Committee may require the appellant to submit any further information that it considers necessary to deal with the appeal.
- (4) The Appeals Committee must notify the appellant in writing within 30 days of its decision.

#### 9. Referral to arbitration in terms of section 37(2) of the Act

- (1) A person who is dissatisfied with the decision of the Appeals Committee may refer a dispute to the CCMA for arbitration in terms of section 37(2) by submitting a completed UI 13 to the CCMA within 30 days of receiving notice of the decision.
- (2) A referral in terms of sub-regulation (1) must be served by hand, registered post or telefax on the provincial office of the CCMA in the province in which the application for benefits was made.
- (3) The CCMA may at any time permit a person to refer a dispute after the time limit in sub-regulation (1), on good cause shown.
- (4) A person who refers a dispute to the CCMA in terms of this regulation, must satisfy the CCMA that a copy of the referral has been served on the Commissioner at 94 Church Street, Pretoria, 0001 by hand or registered post or by telefax to 012-3371893.
- (5) Sections 136 to 138 and 142 to 146 of the Labour Relations Act, 1995 (Act No. 66 of 1995) apply, with the changes required by the context, to any matter referred to arbitration in terms of this Regulation.

#### 10. Securing an Undertaking

(1) A labour inspector who secures an undertaking from an employer to comply with any provision of the Act in terms of section 38(1) of the Act must record the undertaking in the form of UI 14 or in a document containing the information set out in that form. (2) A labour inspector who receives a payment in terms of section 38(2)(c) of the Act must issue a receipt in the form of UI 15 or in a document containing the information set out in that form.

#### 11. Compliance orders

A compliance order issued in terms of section 39 must be in the form of UI 16 or contain the information set out in that form.

#### 12. Objection to compliance orders

An employer may object in terms of section 40 to a compliance order by lodging a completed UI 17 with the Director-General within 30 days of receiving the compliance order, by registered post or by hand at 94 Church Street, Pretoria, 0001 or by fax to (012) 337 1893.

#### 13. Providing information in terms of section 56

- (1) An employer must within seven days of the end of the month in which it commences activities as an employer submit a completed UI 18 to the Commissioner.
- (2) Every employer who is required to provide information to the Commissioner in terms of section 56(2) or (3) of the Act must do so by submitting a completed UI 19 to the Commissioner.
- (3) Any information submitted to the Commissioner in terms of sub-regulation (1) and (2) must be submitted to the Unemployment Insurance Fund, 94 Church Street, Pretoria, 0001.

#### 14. Transitional Provisions

(1) Any claim for benefits made against the Fund on or after 1 April 2002 must be dealt with in terms of the Act.

- (2) For the purposes of sub-regulation (1) -
  - (a) an application for unemployment benefits is made on the day that the contributor applies for benefits at an employment office in terms of section 17(1) of the Act;
  - (b) an application for illness, maternity, adoption or dependant's benefits is made on the date that application is made at an employment office or, if application is made by post, the date the application is received at an employment office.
- (3) An application for maternity benefits in respect of a childbirth that occurred on or before 31 March 2002 must be made within six months of the childbirth.
- (4) An application for dependant's benefits in respect of a contributor in terms of the Unemployment Insurance Act, 1966 who died prior to 1 April 2002 must be made within six months of the death of the contributor except that, on good cause shown, the Commissioner may accept an application after the six-month period.
- (5) Sub-regulation (4) does not apply to a claim for dependant's benefits made more than three years after the death of the contributor.
- (6) Subject to sub-regulation (7), any entitlement to benefits that accrued to a contributor in terms of the Unemployment Insurance Act, 1966 is deemed to have accrued in terms of the Act.
- (7) Any contributor who on 31 March 2002 had accrued an entitlement of more than 238 days benefits is deemed to have an entitlement of 238 days benefits with effect from 1 April 2002.
- (8) A contributor who was not a contributor in terms of the Unemployment Insurance Act, 1966 is deemed to have commenced employment as a contributor on 1 April 2001.

(9) Sub-regulation (8) does not apply to a contributor who was not in employment as a contributor on 1 April 2002.

#### 15. Commencement

These Regulations come into operation on 1 April 2002.

<b> </b>	<ul> <li>a benefit from Compensation Fund for temporary or total disablement or</li> <li>a benefit from LRA Funds Employment Schemes and I am capable of and available for work.</li> <li>If any of above is applicable complete following questions:</li> </ul>	When did you begin to receive this benefit?  Do you continue to receive this benefit?  If you no longer receive this benefit when did it come to an end?	sign this	CONTRIBUTOR INTIAL									
UNEMPLOYMENT INSURANCE ACT 63 OF 2001 Register to confirm continued unemployment and continued capacity and availability for work in terms of Section 17(4)(d) Read with Regulation 3(3)	PAYPOINT OFFICE STAMP	TIME OF SIGNING	VENUE		Signature of official	INFORMATION OUTSTANDING:	PERSONAL DETAILS	Contributor's surname:	Contributor's first names:	Identity no.	Specimen Signature:	Date Indicated on the reverse side is your next signing date.	

# UNEMPLOYMENT INSURANCE BENEFITS IN TERMS OF SECTION 17(1) – Read with Regulation 3(1)

1.	PERSONAL DE	<u> TAIL</u>								
1.1	Identity Docum	ient:					·		4.0	
1.2	Passport Numb	er								
1.3	Other Identity/	Reference N	umbe	er 🗌						
1.4	Date of Birth									
1.5	Gender	Male	5	F	emale	0				
1.6	First Names						- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1			
1.7	Surname									
1.8	Previous Surna	me								
1.9	Postal Address									
	Code									
1.10	Residential Add	iress								
		<u></u>							Code.	
1.11	Telephone No		·					Cod	de	
1.12	Cell No									
1.13	E-Mail Address									
1.14	SARS Number									" 1
2.	PAYMENT DET	AILS								
2.1	Name of Bank of	or Post Office	e		<del> </del>					
2.2	Branch Code									
2.3	Account Numbe	er							·	
2.4	Account Type									
3,	METHOD OF P	AYMENT: (	Use t	he UI-	2. <i>7 forn</i>	n for Ba	anking L	Petails	)	
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	GRADE 8- 9		30		GRADI	<u> 10 -</u>	11		31	
	GRADE 12		32		TERTI	ARY			33	

5	EMPLOYER DETAILS
5.1	NAME OF EMPLOYER/COMPANY
5.2	UIF REF NUMBER
5.3	BUSINESS ADDRESS OF EMPLOYER:
5.4	POSTAL ADDRESS:
5.5	E-MAIL
5.6	Telephone Number Code
5.7	Fax Number
6.	EMPLOYMENT DETAILS
6.1	Occupation
6.2	Occ. Code
7.	PERIOD OF SERVICE
7.1	Commencement of employment with employer
7.2	Termination of Service
8.	REMUNERATION/SALARY
8.1	Gross pay (before deductions)
8.2	Salary Payment (PW or PM)
9.	SOURCES OF OTHER INCOME  During this period of unemployment have you received income from any of these sources? (Tick the box)
9.1	Monthly Pension From State (Excluding Disability grant)
9.2 9.3	Benefit from Compensation Fund for temporary or total disablement  Benefits from an Unemployment Fund established by bargaining or statutory
9.4	council Date None
	When did you begin to receive this benefit?
	Do you continue to receive this benefit?
	If you no longer receive this benefit when did it come to an end?

10. REASON FO	<u>)R TERMIN</u>	ATION OF SERVICE			
10.1 Dismissed					
10.2 Contract Expir	red				
10.3.1 Resigned					
10.3.2 Constructive	dismissal				
10.4 Employer's ins	solvency				
10.5 Other (Specify	/)				
11. FURTHER RE	OUIREMEN	<u>TS</u>			
11.1. Are you regist the DOL	ered as a w	orkseeker with a Labo	our Centre establisi <b>Yes</b> 🗆 <b>No </b>	hed by	
11.2 If so, which La	abour Centre	2:			
11.3 Are you capab	ole or and av	ailable for work?	Yes □ No □		
		Signature:		- -	
11.4 If you are not	capable or r	nor available for work	, please explain: _		
IMPORTANT: REAL	DS THIS SE	ECTION BELOW:	·		
benefits. You mus the claims officer employment. I d	st report to r. You mus declare tha	sful then the claims the employment of t also inform the of t the above informs a false statement.	ffice on a regular claims officer as	basis as indi soon as you	icated by resume
Signature of appli	icant:			Date:/_	_/

UI 2.2

# APPLICATION FOR ILLNESS BENEFITS IN TERMS OF SECTION 22(1) – Read with Regulations 4(1), 4(5) and 4(7))

1.	PERSONAL DI	<u>ETAIL</u>					
1.1	Identity Docum	nent:					
1.2	Passport Numb	er					
1.3	Other Identity/	'Refere	ence Nu	mber			
1.4	Date of Birth						
1.5	Gender	Male		5	Female	0	
1.6	First Names						
1.7	Surname						
1.8	Previous Surna	me	·				
1.9	Postal Address	[					
							Code
1.10	Residential Add	dress					
							Code
1.11	Telephone No						Code
1.12	Cell No						
1.13	E-Mail Address						
1.14	SARS Number						
2. •	PAYMENT DE	<u>TAILS</u>					
2.1	Name of Bank	or Pos	t Office				
2.2	Branch Code						
2.3	Account Number	er					
2.4	Account Type	[					
3.	METHOD OF F	'AYME	<b>ΝΤ: (</b> U	se the	UI-2.7 form	n for	Banking Details)
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4.	EMPLOYER DETAILS
4.1	NAME OF EMPLOYER/COMPANY
4.2	UIF REF NUMBER
4.3	BUSINESS ADDRESS OF EMPLOYER:
4.4	POSTAL ADDRESS:
4.5	E-MAIL
4.6	Telephone Number Code
4.7	Fax Number
5.	EMPLOYMENT DETAILS
5.1	Occupation
5.2	Occ. Code
6.	PERIOD OF SERVICE
6.1	Commencement of employment with employer
6.2	Termination of Service
7.	REMUNERATION/SALARY
7.1	Gross pay (before deductions)
7.2	Salary Payment (PW or PM)
8.	SOURCES OF OTHER INCOME  During this period of unemployment have you received income from any of these sources? (Tick the box)
8.1 8.2 8.3	Monthly Pension From State (Excluding Disability grant) Benefit from Compensation Fund for temporary or total disablement Benefits from an Unemployment Fund established by bargaining or statutory council None
	When did you begin to receive this benefit?
	Do you continue to receive this benefit?
	If you no longer receive this benefit when did it come to an end?

UI 2.2

		ection 20(1)(c	) of the UI A	ct 63 of 2	001.
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	My practice number is				• .
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٧	work from	to			
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1	Address				

UI-

# APPLICATION FOR MATERNITY BENEFITS IN TERMS OF SECTION 25(1) - Read with Regulation 5(1) and 5(4)

1.	PERSONAL D	ETAIL								
1.1	Identity Docur	nent:								
1.2	Passport Numb	ber								
1.3	Other Identity,	/Refere	nce Nu	mber						
1.4	Date of Birth									
1.5	Gender	Male	T	5	Female	0				
1.6	First Names									
1.7	Surname									
1.8	Previous Surna	ame								
1.9	Postal Address	; [								$\equiv$
								С	ode	
1.10	Residential Ad	dress								
								C	ode	
1.11	Telephone No							Code	e	
1.12	Cell No									
1.13	E-Mail Address	; [								
1.14	SARS Number									
2.	PAYMENT DE	TAILS								
2.1	Name of Bank	or Post	Office	Γ						
2.2	Branch Code									_
2.3	Account Numb	er [								$\dashv$
2.4	Account Type	. [			<del></del>					$\dashv$
3.	METHOD OF I	PAYME	NT: (U	se the	UI-284 for	n for B	anking	Details)		
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4.	EMPLOYER DETAILS
4.1	NAME OF EMPLOYER/COMPANY
4.2	UIF REF NUMBER
4.3	BUSINESS ADDRESS OF EMPLOYER:
4.4	POSTAL ADDRESS:
4.5	E-MAIL
4.6	Telephone Number Code
4.7	Fax Number
5.	EMPLOYMENT DETAILS
5.1	Occupation
5.2	Occ. Code
J.2	occ. code
6.	PERIOD OF SERVICE
6.1	Commencement of employment with employer
6.2	Termination of Service
7.	REMUNERATION/SALARY
7.1	Gross pay (before deductions)
7.2	Salary Payment (PW or PM)
8.	SOURCES OF OTHER INCOME  During this period of unemployment have you received income from any of these sources? (Tick the box)
8.1	Monthly Pension From State (Excluding Disability grant)
8.2 8.3	Benefit from Compensation Fund for temporary or total disablement  Benefits from an Unemployment Fund established by bargaining or statutory
	council
8.4	None
	When did you begin to receive this benefit?
	Do you continue to receive this benefit?
	If you no longer receive this benefit when did it come to an end?

NB: IF YOU ARE STILL	EMPLOYED, FO	RM UI-2.8	MUST ALSO BE CO	MPLETED.
DATE OF COMMENCEMEN	IT OF MATERNIT	Y LEAVE:		_
IF YOU HAVE RETURNED	TO WORK, STAT	E DATE:		
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MEDICAL CERTIFICA registered midwife)	TE (to be compl	eted by a	medical practition	er or
I,			am a qualified	
	My practice nu	ımber is	, I	confirm
that	is under r	ny treatme	nt and is pregnant.	The expecte
due date of birth is				
OR				
I confirm that		gave	birth on	\ The baby
was stillborn on		\ h	nad a miscarriage on	
	·			
Signature	Date	e	Tel No	
Address				
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RTANT : READ THIS SI	CITON BELOW	<b>;</b>		
r application is succes its. You must also	inform the	claims of		you res
oyment. I declare tha t is an offence to make				

# APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 28(1) Read with Regulation 6(1)

1.	PERSONAL D	ETAIL	:		/				
1.1	Identity Docur	ment:							
1.2	Passport Numi	ber							
1.3	Other Identity	/Refer	ence Nu	mber					
1.4	Date of Birth								
1.5	Gender	Male	9	5	Female	0			
1.6	First Names								
1.7	Surname								
1.8	Previous Surna	ame							
1.9	Postal Address	3							
								Cod	de
1.10	Residential Ad	dress							
								Cod	de
1.11	Telephone No							Code	
1.12	Cell No								
1.13	E-Mail Address	3							
1.14	SARS Number								
2.	PAYMENT DE	TAILS	į						
2.1	Name of Bank	or Pos	t Office					<del></del>	
2.2	Branch Code								
2.3	Account Numb	er							
2.4	Account Type								
3.	METHOD OF I	PAYMI	ENT: (U	se the	e UI-2.7 form	n for Ban	king E	Details <b>)</b>	
	CHEQUE	7 [	ASH	1	BANK TRAN	VSFER		OTHER	T.

4.	EMPLOYER DETAILS	
4.1	NAME OF EMPLOYER/COMPANY	
4.2	UIF REF NUMBER	
4.3	BUSINESS ADDRESS OF EMPLOYER:	
4.4	POSTAL ADDRESS:	
4.5	E-MAIL	
4.6	Telephone Number Code	
4.7	Fax Number	
5.	EMPLOYMENT DETAILS	
5.1	Occupation	
5.2	Occ. Code	
6.	PERIOD OF SERVICE	
6.1	Commencement of employment with employer	
6.2	Termination of Service	
7.	REMUNERATION/SALARY	
7.1	Gross pay (before deductions)	_
7.2	Salary Payment (PW or PM)	$\exists$
8.	SOURCES OF OTHER INCOME  During this period of unemployment have you received income from any of thes sources? (Tick the box)	se
8.1 8.2 8.3	Monthly Pension From State (Excluding Disability grant) Benefit from Compensation Fund for temporary or total disablement Benefits from an Unemployment Fund established by bargaining or statutory council None	
	When did you begin to receive this benefit?	
	Do you continue to receive this benefit?	
	If you no longer receive this benefit when did it come to an end?	

1.	1. ARE YOU STILL EMPLOYED YES   NO										
	NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.8 MUST ALSO	BE COMPLETED.									
2.	2. DATE OF COMMENCEMENT OF ADOPTION LEAVE:/	/									
3.	3. IF YOU HAVE RETURNED TO WORK, STATE DATE:/	·									
IMPO	IMPORTANT : READ THIS SECTION BELOW										
bene decla	If your application is successful then the claims officer will authorise the payment of benefits. You must also inform the claims officer as soon as you resume work. I declare the above information is true and correct. I understand that it is an offence to make a false statement.										
SIGN	SIGNATURE: DATE:										

DEDCONAL DETAIL

**UI-2.5** 

# APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 31(1) Read with Regulation 7(1)

PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER: (NOTE: In the case of a surviving spouse if there is not a marriage certificate recognised as valid in terms of any law relating to marriage in force in the Republic of South Africa, supplementary documents required by the department regarding the circumstances of the matter should be attached)

1.	PERSONAL DETAIL
1.1	Identity Document:
1.2	Passport Number
1.3	Other Identity/Reference Number
1.4	Date of Birth
1.5	Date of Death
1.6	Gender Male 5 Female 0
1.7	First Names
1.8	Surname
1.9	Previous Surname
1.10	Last Residential Address
	Code
1.11	Telephone No Code
1.12	Cell No
1.13	E-Mail Address
1.14	SARS Number
2.	EMPLOYER DETAILS
2.1	NAME OF EMPLOYER/COMPANY
2.2	UIF REF NUMBER
2.3	BUSINESS ADDRESS OF EMPLOYER:
2.4	POSTAL ADDRESS:
2.5	E-MAIL
2.6	Telephone Number Code
2.7	Fax Number

3.	EMPLOYMENT DETAILS
3.1	Occupation
3.2	Occ. Code
4.	PERIOD OF SERVICE
4.1	Commencement of employment with employer
4.2	Termination of Service
5.	REMUNERATION/SALARY
5.1	Gross pay (before deductions)
5.2	Salary Payment (PW or PM)
6.	PERSONAL DETAILS OF SPOUSE OR LIVE PARTNER
6.1	Identity Document:
6.2	Passport Number
6.3	Other Identity/Reference Number
6.4	Date of Birth
6.5	Gender Male 5 Female 0
6.6	First Names
6.7	Surname
6.8	Previous Surname
6.9	Postal Address
	Code
6.10	Residential Address
	Code
6.11	Telephone No Code
6.12	Cell No
6.13	E-Mail Address
6.14	SARS Number

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<i>/</i> .	PATMENT DETAILS	•
7.1	Name of Bank or Pos	Office
7.2	Branch Code	
7.3	Account Number	
7.4	Account Type	
8.	METHOD OF PAYME	ENT: (Use the UI-2.7 form for Banking Details)
	CHEQUE	BANK TRANSFER OTHER
IMP	ORTANT : READ THI	S SECTION BELOW
surv divo	riving spouses of t proced from him/her	e only surviving spouse or life partner or one ofhe abovementioned deceased contributor, that I was not and that information given in this document is true and at it is an offence to make a false statement.
SIG	NATURE OF SURVIV	ING SPOUSE OR LIFE PARTNER:
DAT	E:/	

.

# APPLICATION FOR DEPENDANT'S BENEFITS BY CHILD OF DECEASED IN TERMS OF SECTION 31(1) READ WITH REGULATION 7(1) AND 7(2)

1.	PERSONAL DETAIL	*
1.1	Identity Document:	
1.2	Passport Number	
1.3	Other Identity/Reference Number	·
1.4	Date of Birth	
1.5	Date of Death	
1.6	Gender Male 5 Female 0	
1.7	First Names	
1.8	Surname	
1.9	Previous Surname	
1.10	Last Residential Address	
		Code
1.11	Telephone No	Code
1.12	Cell No	
1.13	E-Mail Address	
1.14	SARS Number	
2.	EMPLOYER DETAILS	
2.1	NAME OF EMPLOYER/COMPANY	
2.2	UIF REF NUMBER	
2.3	BUSINESS ADDRESS OF EMPLOYER:	
2.4	POSTAL ADDRESS:	·
2.5	E-MAIL	
2.6	Telephone Number	Code
2.7	Fax Number	

3.	EMPLOYMENT DETAILS
3.1	Occupation
3.2	Occ. Code
4.	PERIOD OF SERVICE
4.1	Commencement of employment with employer
4.2	Termination of Service
5.	REMUNERATION/SALARY
5.1	Gross pay (before deductions)
5.2	Salary Payment (PW or PM)
6. <u>G</u>	JARDIANS PERSONAL DETAILS:
RI	ELATIONSHIP OF GUARDIAN TO DECEASED:
6.1	Identity Document:
6.2	Passport Number
6.3	Other Identity/Reference Number
6.4	Date of Birth
6.5	Gender Male 5 Female 0
6.6	First Names
6.7	Surname
6.8	Previous Surname
6.9	Postal Address
	Code
6.10	Residential Address
	Code
6.11	Telephone No Code
6.12	Cell No
6.13	E-Mail Address
6.14	SARS Number

7.	CHILD'S DETAILS (1)	
7.1	Identity Document:	
7.2	Date of Birth	
7.3	Gender Male 5 Female 0	
7.4	First Names	
7.5	Surname	
7.6	Postal Address	
	Code	
7.7	Residential Address	
	Code	
8.	PAYMENT DETAILS of Guardian *	
8.1	Name of Bank or Post Office	
8.2	Branch Code *	
8.3	Account Number	
8.4	Account Type	
9.	METHOD OF PAYMENT: (Use the UI-2.7 form for Banking Details)	
	CHEQUE BANK TRANSFER OTHER	
IMPO	DRTANT : READ THIS SECTION BELOW	
	lare that the information is true and correct. I understand that it is an offence ake a false statement	e
STGN	ATURE OF ARRITCANT.	

#### TO: CLAIMS OFFICER

STATEMENT IN RESPECTIS STILL IN MY EMPLO ADOPTION OF A CHILD.	OYMENT												
Employers UIF Reference No.					Т			7					
Full names of contributor:			<del></del>							_			
run names of contributor.													
ID No of contributor.:													
(A) In terms of section 19(1)  I hereby certify that sinc a child and has/will rece						sick le	eave / m	aterni	ty / leave	due to th	ne adopt	ion of	
GROSS PAY (before deduction) PM/PW	1	EN DID CO		ON	REMUNERATION DURING ILLNESS/MATERNITY OR ADOPTION LEAVE PAID TO CONTRIBUTOR (PM/PW)								
	FROM			то									
V	FROM			то									
	FROM			ТО	-								
	FROM			ТО									
	FROM			то									
(B) The contributor is ex	spected to ret	ırn to work	on\has re	turned t	o work	on _		_/_		/	·		
(C) Kindly state whether y	ou are in reco		COME F			sot	JRCES						
1. MONTHLY PENSION FRO	OM STATE (	Excluding l	Disability	grant)									
2. BENEFIT FROM COMPE	NSATION FU	JND FOR 1	rempor	ARY O	R TOTA	AL D	ISABLI	EMEN	ŀΤ				
3. BENEFITS FROM AN UN COUNCIL	EMPLOYM	ENT FUND	ESTAB	LISHED	BY BA	ARG/	AINING	OR S	STATUTO	ORY			
4. NONE												l	
If mark X on 1-3: When did you begin to rec Do you continue to receive If you no longer receive	e this benef	ît?	n did it	come	e to a	n er	 nd?						
DATE:	-	-	IONI 4 TT	DE OF	7) (D) C	VIER	OP 11	IO. I.C.	DICES :	OFNE			
		Si	IGNATU	KE OF I	EMPLC	YER	OR AU	ЛНО	RISED A				
									BUSI	NESS ST	ГАМР		

#### APPLICATION TO PAY BENEFITS INTO BANKING ACCOUNT

The Unemployment Insurance Commissioner/Provincial Director													
I,													
(Full name and surname in block letters) Identity number													
hereby request/instruct/authorise you to pay my benefits, if approved into my account at the undermentioned Bank/Building Society account.													
I understand that the credit transfers hereby authorized, will be processed by computer through a system known as ACB Magnetic Tape Service, and I also understand that no advice of payment will be provided by my bank, but details of each payment will be printed on my bank statement. (This does not apply where it is not customary for banks to furnish bank statements, eg. Savings accounts or transmission accounts).													
This authority may be cancelled by me by giving thirty days notice in writing.													
NB: Documentary proof of bank account (eg. Bank statement, ATM slip, cancelled cheque) must be attached.													
Signature of applicant Date													
To be completed ONLY by the Bank/Building Society													
Name of account holder													
Name of Bank/Building Society													
Branch code Account number													
Indicate with an "X"													
Savings account Current account Transmission account													
Other ; Specify:													
I declare that the abovementioned information is current and complete in every aspect and that the Unemployment Insurance Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.													
Information supplied by: Date: (Name of Bank Official)													
Signature of Bank Official Bank Official Stamp													

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UI-3

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR CONTINUATION OF PAYMENT FOR ILLNESS BENEFITS IN TERMS OF REGULATION 4(4)

APPLICATION FOR CONTINUATION OF FATMENT FOR ILLNESS BENEFITS IN TERMS OF REGULATION 4(4)										
FORM MUST BE COMPLETED ON OR AFTER ID NO.										
I. hereby apply for continuation of illness benefits for the period of to										
1. Surname:										
2. Previous surname: (Only if it changed since your previous application)										
3. First names:										
4. Identity number:  5. Telephone number:										
6. Postal address:										
7. Residential address: (If different from postal address)  Postal code										
7. Residential address: (If different from postal address)  Postal code										
8. Date returned to work: / /										
9. Kindly state whether you are in receipt of income from other sources.  Tick (✓) where applicable.  1. Monthly Pension from State (Excluding Disability grant)  2. Benefit from Compensation Fund for temporary or total disablement  3. Benefits from an Unemployment Fund established by bargaining or statutory council  4. NONE  If any of above is applicable complete following questions: When did you begin to receive this benefit?  Do you continue to receive this benefit?  If you no longer receive this benefit when did it come to an end?										
NB: IF YOUR BANKING DETAILS HAVE CHANGED, A FORM UI-284 MUST BE COMPLETED										
MEDICAL CERTIFICATE (To be completed by an authorised practitioner in terms section 20(1)(c) of Act 63 of 2001)  1 am a qualified  My practice number is I confirm that  has been under my treatment from to and is suffering from										
This patient was not capable of performing work from to										
If the nature of the illness is described in this medical certificate in uncertain terms or as "disease – entity" or "symptom complex", please furnish a clinical report describing the symptoms and nature of the complaint.										
Signature Date Tel No										
Address										

UI-4

#### UNEMPLOYMENT INSURANCE ACT 63 of 2001 APPLICATION FOR CONTINUATION OF PAYMENT FOR MATERNITY BENEFITS IN TERMS OF REGULATION 5(3) AND 5(6)

FORM MUST BE COMPLETED ON OR AFTER	ID NO.
I, hereby apply for continuation of maternity benefits for the period of	to
1. Surname:	
2. Previous surname: (Only if it changed since your previous application)	on)
3. First names:	
4. Identity number:	5. Telephone number:
4. Identity number.	5. Telephone number:
6. Postal address:	
7. Residential address: (If different from postal address)	Postal code
8. Date returned to work: / /	
<ol> <li>Kindly state whether you are in receipt of income from other sources.</li> <li>Tick (*) where applicable.</li> </ol>	
Monthly Pension from State (Excluding Disability grant)     Benefit from Compensation Fund for temporary or total disablement	I declare, except as stated in item 8, that I have not worked since the
Benefits from an Unemployment Fund established by bargaining or	date of my application for illness benefits and have not been entitled to my normal remuneration/or will receive a portion of my normal
statutory council 4. NONE	remuneration as declared by my employer on prescribed form UI-125 submitted with my application form.
If any of above is applicable complete following questions:	I furthermore declare that the information given is true and correct. 1
When did you begin to receive this benefit?  Do you continue to receive this benefit?	am aware that it is an offence to willfully make a false statement.
If you no longer receive this benefit when did it come to an end?	
	Signature of applicant Date
NB: IF YOUR BANKING DETAILS HAVE CHANGED, A FORM	
NOTIFICATION OF BIRTH (Regulation 5(6))	
•	
I, declare that my baby was born on/ the baby was stillbo	m on/ I had a miscarriage on
Signature of applicant	Date
MEDICAL CERTIFICATE - Should only be completed once, at	
midwife.	
I	, qualifications
confirm that gave	
on\ had a miscarriage on	
Signature Date	Tel No
Address	· · · · · · · · · · · · · · · · · · ·

UI-5

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR CONTINUATION OF PAYMENT FOR ADOPTION BENEFITS IN TERMS OF REGULATION 6(3)

FORM	1 M	IUS	Т В	E C	C <b>O</b> I	ΜР	LE	TE.	D O	ON (	OR.	AF	TER												II	Dλ	'O.		I												I			
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4.	Id	enti	tv r	um	her					1	1		L			L	L				5.	Ц,	Tele	:ph	one	יוח	mb	er:		٠.					1	1								٦
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# Notice of appeal against a decision of the Commissioner or a claims officer

Application in terms of section 37(1) read with regulation 8(1)

A person entitled to benefits in terms of the Act may appeal against a decision of the Commissioner to suspend that person's right to benefits, or a decision of a claims officer relating to the payment or non payment of benefits. This Notice of appeal must be sent to the Appeal Committee, Unemployment Insurance Board, 94 Church Street, Pretoria, 0002.

1.	Personal details										
	1.1	Name									
	1.2	ID number									
	1.3	Passport number									
	1.4	Residential address									
	1.5	Postal address									
	1.6	E mail address									
	1.7	Tel number (include the code)									
	1.8	Cell number									
2.	Empl	oyer details									
	2.1	Name of employer (prior to unemployment)									
	2.2	UIF reference number									
	2.3	Physical address									
	2.4	Postal address									
	2.5	E mail address									
	2.6	Tel number									
	2.7	Fax number									
3.	Decis	ion appealed against									
	3.1	What decision are you appealing against?									
	3.2	Which body made the decision?									
	3.3	When was the decision made?									

3.4	When were you notified about the decision?  Why are you appealing against the decision?										
3.5											
3.6	In what respects do you think the decision is incorrect or unfair?										
3.7	What outcome do you seek from this appeal?										
Signature	Date										
For official	purposes										
On the	the Appeal Committee decided that the appeal was										
□ Suc	☐ Successful										
☐ Unsuccessful because											
Signature o	f chairperson Date										

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001 Referral of dispute to CCMA for arbitration

Application in terms of section 37(2) read with regulation 9(1)

A person who is dissatisfied with the decision of the Appeal Committee may refer a dispute to the CCMA for arbitration within 30 days of receiving notification of the decision.

The person referring the dispute must serve it on the Commissioner by hand, registered post or fax, and then on to the CCMA (with proof of this service) in the province in which the application for benefits was considered.

1.	Pers	onal details
	1.1	Surname
	1.2	First Name
	1.3	ID number
	1.4	Passport number
	1.5	UIF number (Employers reference No
	1.6	Residential address
	1.7	Postal address
	1.8	E mail address
	1.9	Tel number (include the code)
	1.10	Fax number (include the code)
	1.11	Cell number
2.	Disp	ute details
	2.1	What is the nature of the dispute (ie what is the dispute about)?

	2.2	What factors do you think the Appeal Committee failed to consider?
	•	
	2.3	What other information do you want to draw to the CCMA's attention?
	•	
		÷ .
	2.4	What outcome do you seek from this arbitration?
•		
3.	Docu	ments to attach to this form:
	3.1	Your Notice of appeal against a decision of the Commissioner or a claims officer
	3.2	The decision from the Appeal Committee
	3.3	Use additional pages if required
		•
Signa	ature	Date

# **UNEMPLOYMENT INSURANCE ACT 63 OF 2001** Record of undertaking Record of undertaking in terms of Section 38 read with Regulation 10(1)

A labour inspector may secure an undertaking from a certain provisions of the Act.	an employer who has failed to co	omply with
I (name )	ID No	<del></del>
representing the employer (name of employer)		located
at (address of employer)		
admit that the employer has failed to comply with the A		
		<del></del>
The employer undertakes to rectify these acts or omissi	ions by -	
Signature of authorised employer representative		
Name of labour inspector		
Signature of labour inspector		
Witnesses		
Date		

# **UNEMPLOYMENT INSURANCE ACT 63 OF 2001** Receipt of payment by employer Receipt of payment in terms of Section 38(2)(c) read with Regulation 10(2)

A labour inspector must provide a receipt in respect of payment received from an employer

I,	ID No _		_ an inspector in the							
Department of Labour, appointed in terms of the Act, acknowledge receipt of the amount										
R(sum also in words)										
from	(employer	r's name) being an amoun	t owed to							
<u> </u>	in term	ns of section								
	f 2001, and/or in terms of an unde	,								
The amount w	as paid by (cheque / cash / other)		,							
'										
Received by:										
Designation:										
Date:		<u> </u>								

# **UNEMPLOYMENT INSURANCE ACT 63 OF 2001** Issue of compliance order Issue of compliance order in terms of Section 39(1) and 39(2) read with Regulation 11

A labour inspector may issue a compliance order if he or she has reasonable grounds to believe than an employer has not complied a provision of the Act.

An employer may object to the Director-General, Labour within 30 days of receiving this order.

1.	Emp	loyer details
	1.1	Name of employer
	1.2	Physical address
	1.3	Postal address
	1.4	E mail address
	1.5	Address of each workplace
	1.6	Tel number (include the code)
	1.7	Fax number (include the code)
2.	Non	compliance details
	2.1	You have failed to comply with the following section of the Act
	2.2	You have failed to comply with a written undertaking in that you -
	2.3	The extent of your non compliance is as follows:

3.	The o	rder										
	3.1	You are ordered to pay the Fund the amount of										
	3.2	You are ordered to take the following steps:										
·												
		· · · · · · · · · · · · · · · · · · ·										
	3.3	If you fail to comply with the above the following steps maybe taken:										
Name	of lab	our inspector										
Signa	ture of	labour inspector										
Date	of issue	<u> </u>										
Date	of serv	ice of compliance order to employer										
Received by employer												

### **UNEMPLOYMENT INSURANCE ACT 63 OF 2001** Objection to compliance order Objection to compliance order in terms of section 40 read with regulation 12

An employer may object to a compliance order within 30 days of receiving the order by referring the dispute for resolution to the Director-General, Labour.

1.	Emp	ployer details		
	1.1	Name of employer		
	1.2	Physical address		
	1.3	Postal address		· · · · · · · · · · · · · · · · · · ·
	1.4	E mail address		
	1.5	Tel number (include the code)		
	1.6	Fax number (include the code)		
2.	Obje	ection details		
	2.1	To which portion of the compliance	orde	er do you object?
	2.2	What is the nature of your objection	า?	
	2.3	Is there any other information you	wish	to draw to the Director's-General attention?
	2.4	What outcome do you seek from th		jection?
3.	Doc	uments		
	You	must include:		
	3.1	The compliance order	3.2	Record of undertaking (if applicable)
Sigr	ature		Date	

UI-18

# 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 UIF, PRETORIA, 0052. PLEASE NOTE; UI-19 MUST BE COMPLETED FOR CHANGE OF INFORMATION ABOUT EMPLOYEES

	employer:	1.4 Postal address:	1.7 Company Registration No.	nber 1.11 Authorised person 1	F. F. G. H.  Remuneration <sup>2</sup> Frequency <sup>3</sup> Contribution Starting D No.) Amount Date  Amount Date						, declare that the above information is true and correct. I understand that it is an offence to make a false statement.
	o 1.2 Name of employer:	1.4 Postal address:	17 Compan	1.10 Tel number	Clock No ID Number (13 Digit RSA ID No.)	-					, declare that the above inf
	Branch No	n Item 2 work	The state of the s	1.9 Fax number	B. Name						, ID NO
I. EMPLOTER DELAILS	1.1 UIF Employer Reference. No	1.3 Physical address 1.5 Address where employees listed in Item 2 work	(if different to the above address)	1.8 E mail address 2. EMPLOYEE DETAILS							I,(Name of Employer)

EMPLOYER SIGNATURE

DATE

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.

Remuneration is defined in terms of section 1 of the Unemployment Insurance Contributions Act

<sup>3</sup> Frequency of salary/wage payment ie. M=Monthly, W=Weekly, D=Daily and H=Hourly
<sup>4</sup> Total contribution = the amount payable by both employer and employee i.e. 2% X mount of column G

UI-19

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001 Change of information about employees

FAX NO (012) 337-1943/1944

An employer must before the seventh day of each month inform the commissioner of any change arising during the previous month regarding the employer's contact details or employees Information to be supplied in terms of Section 56(3) read with Regulation 13(2) remuneration details. The employer must forward this form to the UIF, PRETORIA, 0052.

					-	J. Reason for Termination					alse statement.		ł
					1.11 Authorised person	I. Termination Date					fence to make a f		
		A D.C.	AKS)		1.11 Auth	H. Starting Date					nd that it is an of	LE 4	DAIE
		1.4 Postal address:	gistered with S.			G. Contribution Amount	R				ect. I understa		_
	yer:	J. ON o	7 140. (II IC	tration No:		F. Frequency					ue and corr		
	1.2 Name of employer:	1.4 Postal address:		1.7 Company Kegistration No:	I.IU iei number	E. Remuneration <sup>2</sup>	R				nformation is tr		ı
	Branch No 1.2	4.1		1.7 1.0 Fax number		D. ID Number (13 Digit RSA ID No.)					, declare that the above information is true and correct. I understand that it is an offence to make a false statement.		
		vork		1.9 Fax		C. Clock No	-				, ID NO		
rs	No.	s listed in Item 2 v	ess)		LS	B. Name						(1)	
1. EMPLOYER DETAILS	1.1 UIF Employer Reference. No	1.3 Physical address 1.5 Address where employees listed in Item 2 work	(if different to the above address)	1.8 E mail address	2. EMPLOYEE DETAILS	A. Surname					I, (Name of Employer)	EMPLOYER SIGNATURE	

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. Remuneration is defined in terms of section 1 of the Unemployment Insurance Contributions Act

Frequency of salary/wage payment ie. M=Monthly, W=Weekly, D=Daily and H=Hourly

S 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. Total contribution = the amount payable by both employer and employee i.e. 2% X amount of column G