



# Government Gazette

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**No. 25033**



**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**

**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 any of the above numbers.

**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**

A Surname	B Initials	C ID Number (13 Digit bar-coded RSA ID No.)	D Remuneration <sup>1</sup>		E Frequency Paid <sup>2</sup> PM/PW/PD	F Actual Hours Worked <sup>3</sup>	G Frequency Worked <sup>4</sup>	H Commencement date as a contributor						I Termination Date						J Reason for Termination									
			R	c				D	D	M	M	Y	Y	D	D	M	M	Y	Y										

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** \_\_\_\_\_

<sup>1</sup> **Remuneration** means actual basic salary plus payment in kind (**Declare actual gross salary**)

<sup>2</sup> **Frequency Paid ie.** M=Monthly, W=Weekly, D=Daily, H=Hourly and F=Fortnightly

<sup>3</sup> **Actual Hours Worked ie.** Actual hours worked per day/week/month

<sup>4</sup> **Frequency Worked ie.** M=Monthly, W=Weekly, D=Daily, H=Hourly and F=Fortnightly

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

**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

- Please take note of the ENCLOSED guidelines BEFORE completing this form
- 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. Telephone number where employer can be contacted: Code:  Number (H):  Cell:

5. Language preference: English:  Afrikaans:

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

2	0	0					
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 \_\_\_\_\_