UNEMPLOYMENT INSURANCE ACT 63 OF 2001

								Er	npi	oyer	S D	eciar	atioi	n of	Employ	ees 101	r the mont	n oi	I																
An employer must necluding new apport the UIF which is 015) 290 1670; MPmb (033) 394 5001. EMPLOYER	ointments as closest to (mabatho (69; Kimbe	the (018)	ermi empl) 384	nati loye 1 26:	ach on o r. Tl 58; l	mor of sea he co East	nth i ervice comp t Ld	infor e. T olete	m th he e d for	ne Co emplo rm co	mm oyer an al	issior must so be	ner of forwa faxed	any ard t	changes a this form t any of the	arising to the U follow	nemploym ing number	revionent l ent l s: Pt	ous n Insui a (01	nonth rance 12) 30	rega Fun 09 51	rdin d at 42/5	g the (012 286;	emp) 337 Jhb	7-194 (011	3/44) 491	or 3: 7 329	37-1 3; D	580/8 bn (0	81/82 d 031) 36	or subm 56 2156	nit same 5; Polok	at any wane	branch	l
.1 UIF Employ			No							/		Brai	nch N	lo			1.2	PA	YE F	Refer	ence	No	(If r	egis	terec	l wi	th SA	ARS)						
D1.3 Trading na				_						-							1.4	Phy	sica	l Ad	dress	3	_												
.5 Address who	ere employ	yees	list	ed i	n It	em	2 w	ork	(if	diffe	rent	to th	ne ad	dres	ss in 1.4)		1.6								1			1	1	$\overline{}$					$\overline{}$
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.8 E-mail addre		II S							1.9	Fa	ax N	Ю	_				1.10	Pho	one I	No								_ 1.	HA	uthoris	ed per	son**			
A Surname	B Initials		C ID Number (13 Digit bar-coded RSA ID No)											D* Total (Gross) Remuneration paid to Employee Per Month			E* Total Hours Worked during Month	F Commencement date of Employment					f	G Termination Date						H Reason for Termination (Use Termination Codes as supplied at the bottom of the page)		I Indicate whether contributor or non- contributor (YES OR NO)		J *** If non- Contributor state reasor (Use codes at bottom of page)	
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If the employer is out the duties of the Remuneration me If paid Weekly, co Total Hours Worl Employers may al Tel. no (012) 337 I Only Applicable for	he employer is ans actual bassonvert wages to ked ie. Actual lso submit the 1680/1700	n teri ic sala to mo l hour ese de	ms of ary plu onthly as work etails o	this as pay salar ked d	Act. ymen ry (v luring	it in k weekl	kind (ly wa montl	orate (Declarges X	not r are ac 52/1 ly app	ctual (2)	red in gross e for	salary employ) yees tha	at are ww	paid per hou w.labour.go	ır) v.za	·				Coc 1 2 3 4 5 6 7 8		Learn Empl Empl No in Empl Empl	ners in oyees oyees oyees come oyees oyees	in the who a who o paid i in rec who	s of t Nati are re earn c for the eeipt o	s (less the Ski onal a patria commi e payr of an C	that 2 lls De nd Pr ited at ssion oll pe Old A	4 hour evelope covinci t the e only eriod ge Pen		nonth) et res of Go eir contr	overnment ract of ser			
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