



**labour**

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

**UNEMPLOYMENT INSURANCE FUND**

94 Church Street, Pretoria / Postal Address: UIF, Pretoria, 0052 / Tel: (012) 337-1680

**APPLICATION FOR REGISTRATION AS AN EMPLOYER**

Unemployment Insurance Contributions Act, 2002

Completed form can be posted to the **UIF**, or faxed to (012) 337-1636 or submitted at any branch of the UIF which is closest to the employer. The form can also be faxed to any of the following numbers: **Pta** (012) 309 5142/5286; **Jhb** (011) 497 3293; **Dbn** (031) 366 2156; **Polokwane** (015) 290 1670; **Mmabatho** (018) 384 2658; **East Ldn** (043) 701 3263; **Biftn** (051) 447 9353; **CT** (021) 441 8024; **Wtb** (013) 656 0233; **PE** (041) 586 1541; **Gmn** (011) 873 2219; **George** (044) 873 2568; **Pmb** (033) 394 5069; **Kimberley** (053) 832 7218

**EMPLOYER INFORMATION TO BE PROVIDED:**

1. (a) Date on which the first contributor (employee) was employed or date on which business changed ownership: .....

(b) Number of contributors employed: .....

2. Name under which business is carried on (Trade Name): .....

3. Ownership Type:  1 = Sole Owner, 2 = Partnership, 3 = Company, 4 = Close Corporation, 5 = Trust, 6 = Other

4. Nature of business: .....

5. In the case of a Co. or CC, the Registered Name ..... and Number .....

6. PAYE number if registered with SARS (Not the VAT or Personal Tax Number): .....

7. Magisterial district in which business is situated: ..... 8. Municipality: .....

9. Business telephone and fax numbers: Code: ..... Phone number: ..... Fax number: .....

10. Business e-mail address (if applicable): ..... 11. Language preference:  1 = English, 2 = Afrikaans

12. Business postal address: ..... Postal code: .....

13. Business street address: ..... Postal code: .....

14. Particulars of owner, partners, directors, members, chairperson, secretary, etc.

• Surname and Initials: ..... ID No.

Postal address: ..... Postal code: .....

Residential address: ..... Postal code: .....

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Postal address: ..... Postal code: .....

Residential address: ..... Postal code: .....

⇒ **N.B. Where ID number is not applicable, please indicate passport or other identification number.**

⇒ **N.B. A completed form UI-19 in respect of employees must accompany this form, or please indicate clearly that the information of employees will be submitted electronically.**

• I hereby declare that all the information furnished on this form, is true and correct.

Date: ..... Signature of employer or authorised agent: .....