## **UNEMPLOYMENT INSURANCE ACT 63 OF 2001**

**Employers Declaration of Employees for the month of** 

Information to be supplied in terms of Section 56(1&3) read with Regulation 13(4&2) An employer must by the sevential spot cache mount information of commissions of my changes arranged during the previous mount regarding the employer's contact details or employees remaineration details including new appointments and termination of service. The employer must format before the content of the content of the conflict of the content of									Pio	J - 1				01	pioj	225 10	· ····· · · · · · · · · · · · · · · ·	0.	_			L															
O1.3 Trading name of business  1.5 Address where employees listed in Item 2 work (if different to the address in 1.4)  1.6 Postal address  1.7 Co. Reg. No CCIPRO No  1.1 Lauthorised person**  2. EMPLOYEE DETAILS  A B Intitude (13) Digit bar-coded RSA ID No)  B ID Number  1.0 Phone No  1.1 Lauthorised person**  Total (Grow)  R Commencement date of Employment (13) Digit bar-coded RSA ID No)  Remarkation in Employment (13) Digit bar-coded RSA ID No)  Remarkation in Employment (13) Digit bar-coded RSA ID No)  R c c D D D N M N V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M V V V D D N M M V V V D D N M V	including new app of the UIF which i (015) 290 1670; <b>M</b> <b>Pmb</b> (033) 394 50	oointments a is closest to Imabatho ( 069; Kimbe	and te the e (018) rley (	rmina mploy 384 2	each tion o er. T 658;	mon of ser he co <b>East</b>	nth ir rvice ompl t <b>Ld</b> 1	nform e. Th leted	n the ne er fori	e Co nplo n ca	mmi yer r ın als	ssio nust so be	ner of t forw e faxe	f any ard t d to a	changes a this form the any of the	arising to the Ue follow	during the p Inemploym ring number	revient lest in the second sec	ous r Insui ta (01	nontl ranc 12) 3	h reg e <b>Fu</b> 09 5	ardir <b>nd</b> at 142/5	ng the t (012 5286;	e emp 2) 33' <b>Jhb</b>	7-194 (01)	13/44 ) 49	4 or 2 7 32	337-1 93; <b>L</b>	580/ <b>Obn</b> (	/81/8 (031)	82 or s ) 366 2	submi 2156;	it same ; <b>Polo</b> l	e at an <b>kwan</b> e	y bra	anch	
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Part	2. EMPLOYE	EE DETA	ILS														T																				_
I,			ID Number										Total (Gro temuneration to Employe	on paid ee Per	Total Hours Worked during	Commencement date of					of							Reason for Termination (Use Termination Codes as supplied at the bottom of the			Indicate whether contributor or non- contributor (YES OR		If non- Contributor state reasor (Use codes at bottom of		itor son s at of		
understand that it is an offence to make a false statement.  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.  D* Remuneration means actual basic salary plus payment in kind (Declare actual gross salary) If paid Weekly, convert wages to monthly salary (weekly wages X 52/12) Employers may also submit these details electronically from payrolls or on the UIF's website at www.labour.gov.za Tel. no (012) 337 (B80/1700  Only Applicable for Commercial Employers    DATE     Code   (J) Reason for Non-Contribution ****   1													R c				D	D	M	M	Y	Y	D	D	M	M	Y	Y									
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4 Dismissed 8 Insolvency/Liquidation 12 Transfer to another Branch 16 Voluntary Severance Package											Diem	issal			10	Illness	/Medically boa	ırded								Emnl	over										
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