

**GNR.363 of 12 March 2003: Domestic workers application forms which are UI-8D and UI-19D in terms of the Unemployment Insurance Act, 2001**

DEPARTMENT OF LABOUR

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 workers' application forms in the *Government Gazette* which will come into operation with effect from 1 April 2003.

MMS MDLADLANA  
Minister of Labour

**UI-19D**  
INFORMATION ABOUT EMPLOYEE

**UI-19D**

**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 the above number.

**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. EMPLOYER DETAILS**

A	B	C	D	E	F	G	H	I	J
Sur-name	Ini-tials	ID Number (13 digit bar-coded RSA ID No.)	Re-muneration <sup>1</sup>	Fre-quency Paid <sup>2</sup> PM/ PW/ PD	Actual Hours Worked <sup>3</sup>	Fre-quency Work-ed <sup>4</sup>	Commence-ment date as a contributor	Termination Date	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 i.e. M=Monthly, W=Weekly, D=Daily, H=Hourly and F=Fortnightly.

<sup>3</sup> Actual Hours Worked i.e. Actual hours worked per day/week/month.

<sup>4</sup> Frequency Worked i.e. 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.

**UI-8D**

**APPLICATION FOR REGISTRATION AS AN EMPLOYER OF DOMESTIC EMPLOYEES**

**UI-8D**

**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) 337-1929/1941/1942/1943/1944

**APPLICATION FOR REGISTRATION AS AN EMPLOYER OF DOMESTIC EMPLOYEES**

Unemployment Insurance Contributions Act, 2002

**FOR OFFICE USE ONLY**

\* **All the information provided by you will be treated as CONFIDENTIAL**

Nature of business	SIC Code	Ownership	Reference Number
<b>Private Household</b>	<b>1 000</b>	<b>1</b>	

**EMPLOYER REGISTRATION (Please complete the UI-19form 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.** Tel. No. during office hours/after hours:

Code:

Number:

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