



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 OF DOMESTIC EMPLOYEES

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

PRIVATE HOUSEHOLD

EMPLOYER INFORMATION TO BE PROVIDED:

1. Identity / Work Permit / Passport number of employer:

2. First names of employer:

3. Surname of employer:

4. Date on which the first contributor (employee) was employed (Cannot be prior to April 2003):

5. Number of employees employed:

6. Tel. number during office hours: Code: Number:

7. Tel. number after hours: Code: Number:

8. Cell phone number:

9. Fax number (if applicable): Code: Number:

10. Personal or other e-mail address (if applicable):

11. Language preference: 1= English, 2 = Afrikaans

12. Postal address:

Postal code:

13. Residential address:

Postal code:

14. Magisterial district in which residential address is situated:

15. Municipality:

⇒ **N.B. A completed form UI-19 in respect of employees must accompany this form.**

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

Date: Signature of employer or authorised agent: