



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; Blftn (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: .....