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SAIBA The SA Institute of Business Accountants
SAIPA The Southern Institute of Professional Accountants

UIF REQUEST TO UPDATE EMPLOYEES - 2020 - R175

TO BE COMPLETED BY COMPANIES/ORGANISATIONS THAT ARE ALREADY REGISTERED WITH UIF.
PLEASE DO NOT COMPLETE THIS FORM IF YOUR COMPANY IS ALREADY REGISTERED FOR UIF.

This form allows your business, organisation to:

Update details of the employees with UIF (Department of Labour).

- Add new employees that are not on UIF Database.
Remove employees that are no longer working for the company.

On successful update of information, the Department of Labour will send the updated records and employee record sheet direct to the employer. DOL will not respond to us (Msamanzi FS)

Form fields for Business Name, UIF NUMBER, Registration Number, Telephone Number, Cell Number, Email Address, Physical Address, Postal Address, Municipal City, Business Services, and Province.

MAIN DIRECTORS/MEMBERS

Table with columns: NAME AND SURNAME, ID NUMBER, Position

Signature:.....

Date:.....

PLEASE ATTACH THE FOLLOWING DOCUMENTS FOR UIF APPLICATION:
Close Corporations (CK1 or CK2) Registration Documents.
PTY Companies (Cor.14) Registration Documents.
NPO Organisations (NPO Certificate.)
ID Copy of main member/director/chairperson.
Proof of Payment. R175.00
Logos for saiba and UIF

ORDERING AND PAYMENT DETAILS

Table with columns: BANK DETAILS, SUBMIT YOUR ORDER:
Msamanzi Financial Services
First National Bank
Acc. No: 62599607292 - BRANCH CODE: 250655
Deposit Ref: Your Company Name
Scan and Email this form and supporting documents to:
Email: dropbox@msamanzi.co.za
Post: P.O. Box 90291, Bertsham, 2013

WE WILL PREPARE UI-19 FORMS AND SEND TO UIF FOR REGISTRATION
ADD YOUR EMPLOYEES ON U-FILING
WE WILL PREPARE A STAFF PAYROLL SHEET FOR YOUR RECORDS

Business Name

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DETAILS OF CURRENT EMPLOYEES/STAFF and EMPLOYEES THAT HAVE LEFT WORK

NAMES	SURNAME	ID NUMBER	SALARY PER MONTH	DATE STARTED
EMPLOYEE ADDRESS				
DATE LEFT EMPLOYMENT		REASON FOR LEAVING		

NAMES	SURNAME	ID NUMBER	SALARY PER MONTH	DATE STARTED
EMPLOYEE ADDRESS				
DATE LEFT EMPLOYMENT		REASON FOR LEAVING		

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