

Dear Employer

C19 TERS: Temporary Employee / Employer Relief Scheme

The request for financial relief under the C19 TERS scheme is acknowledge. Kindly note easy aid to assist the employer to access the employee benefit during the closure period

The key documents to submit or complete

- Letter of authority ,on an official company letterhead granting permission to an individual specified to lodge a claim on behalf of the company
- MOA (completion of the agreement between UIF , Bargaining Council and Employer)
- Prescribed template that will require critical information from the employer
- Confirmation of bank account details in the form of certified latest bank statement
- Evidence / payroll as proof of the last three months employee(s) salary(ies)

Please ensure all documents are attached to allow for a smooth process by completing all information and documents needed.

Please , take care when indicating the National Minimum wage. This is crucial and incorrect stated values might result in serious delays in the processing of the benefit payments

The means to payment is critical and provide banking details as per the mode selected, example ,if the payment should go to the employer, then the employer special banking account should be given.

However, proof of payment is required to satisfy that the payments indeed went to the employees. This is also critical, if further payments are required

Please note the enquiry telephone to enquire on the claims lodged: 012 337 1997

Please ensure all documents are attached and mail to Covid19UIFclaims@labour.gov.za

With reference to the prescribed template;

Below information in the table are mandatory . The file should be exported in CSV format with Pipe delimiter (|) from the payroll system. Indication of Header and Footer should be made as highlighted below.

| UifReferenc eNumber | Shutd own From (DD- MMM- YYYY) ONLY | Shutd own Till(DD -MMM- YYYY) ONLY | Tra de Na me | PAY E num ber | Cont act Num ber | Ema il Addr ess | IDNu mber | Fir st Na me | LastN ame | Renumeration (Monthly) | Empl oy ment Start Date | Empl oy ment End Date | Secto r Mini mum wage per mont h | Leave Income(During Shutdow n) | Ba nk Na me | Bra nch Cod e | Acco unt Type | Acco unt Num ber |
|------------------------|---|---|-----------------------|------------------------|---------------------------|--------------------------|--------------|-----------------------|--------------|---------------------------|-------------------------------------|-----------------------------------|---|---|----------------------|------------------------|---------------------|---------------------------|
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##Filename should be in the following format

UIREFERENCENUMBER_ddmmmyyyy_uniquesequence.csv

0000012_25mar2020_01.csv

##File should have a header record (1st line) as under

H|DATE DDMMYYYY UNEMPLOYMENT INSURANCE ACT 63 OF 2001. EMPLOYERS DECLARATION FOR SHUT DOWN/SHORT TIME DUE CORONA VIRUS FOR MONTH OF - ----- . APPLICATION UNDER NATURAL DISASTER BENEFICIARY FUND

each file should have footer record as under

F|2050

Here 2050 is the actual number of record to be loaded into database, between header line and footer line

All the fields must be separated by pipe | sign

If file doesn't have header/ footer record then it will be considered as discarded as incomplete dataset.

Unemployment Insurance Commissioner

A banner for the UIF Compliance Certificate application. The background features two images of people working at computers with 'eCompliance' on the screens. A mouse is also visible. The text is centered and uses a mix of blue and red colors.

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