



employment & labour
 Department:
 Employment and Labour
 REPUBLIC OF SOUTH AFRICA



Section B – Particulars of the Spouse/Partner

| | |
|------------------------|--|
| Full Names | <input type="text"/> |
| Surname | <input type="text"/> |
| Nationality | <input type="text"/> |
| ID Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Passport Number | <input type="text"/> |
| Mobile Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Alternative Mobile No. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Email address | <input type="text"/> |





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Section D – Earnings and Duties of the Employee/s

Number of domestic workers employed

Date on which first employee was appointed

Total Earnings (01/03/2020 to 28/02/2021) (A)

Total cash value of food and lodging provided by employer (B)

Total cash value of other in-kind benefits (C)

TOTAL EARNINGS (Sum of A+B+C above)

DUTIES (please tick)

- Cleaning
- Laundry & Ironing
- Cooking
- Care for Children
- Feeding & caring for pets
- Light garden duties
- Caring for the elder
- OTHER

Please Indicate: -----





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Section E – Banking Details and Declaration

Banking details will only be used for refunds

Account Holder :

Bank Name :

Branch Code :

Type of Account :

Account Number :

Section F – Provide the following documents

| | Please tick | | Office use only | |
|---|-------------|----|-----------------|----|
| | Yes | No | Yes | No |
| Employer | | | | |
| 1. A copy of the Identification /Passport/Work Permit (Employer) | | | | |
| 2. A Proof of the Residential Address | | | | |
| 3. A copy of the Identification/Passport/Work Permit (Employee/s) | | | | |
| 4. A copy of the employment contract (if available) | | | | |

I confirm that the information given in this form is true, complete and accurate.

Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.

| | |
|--------------------------|--|
| Signature: | |
| Name and Surname: | |
| Date: | |
| Capacity: | |

