Tanya

From: Tanya <tanya@mullacc.co.za>
Sent: Monday, 3 November 2025 2:30 pm
To: 'uif.declaration@labour.gov.za'
Subject: BLACKHOUND ENTERPRISES (PTY) LTD: UIF REGISTRATION
Attachments: Blackhound - DoI Reg.pdf; JS Gouws - ID.pdf; Blackhound 14.3.pdf

Dear Sir/Madam

Please find attached registration documentation for your attention.

Kind regards,

Tanya Van As

041 991 0004
071 853 2844
admin@mullacc.co.za
1st Floor, 74 - 76 Caledon Street, Uitenhage, 6229

MULLER ACCOUNTANTS

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
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

EMPLOYER INFORMATION TO BE PROVIDED:

1. **(a)** Date on which the first contributor (employee) was employed **or** date on which business changed ownership: 07/07/2025

   (b) Number of contributors employed: 1

2. Name under which business is carried on (Trade Name): Blackhaund Enterprises (PTY) Ltd

3. Ownership Type: [3] 1 = Sole Owner, 2 = Partnership, 3 = Company, 4 = Close Corporation, 5 = Trust, 6 = Other

4. Nature of business: Architecture

5. In the case of a Co. or CC, the Registered Name ..... and Number 2020/784683/07

6. PAYE number if registered with SARS (Not the VAT or Personal Tax Number): 7140817323

7. Magisterial district in which business is situated: NMB **8.** Municipality: NMBM

9. Business telephone and fax numbers: Code: ..... Phone number: 072 799 9597 Fax number: .....

10. Business e-mail address (if applicable): riku.muller@gmail.com **11.** Language preference: [1] 1 = English, 2 = Afrikaans

12. Business postal address: Unit 10, The Network, Fairview, Port Elizabeth Postal code: 6000

13. Business street address: Unit 10, The Network, Fairview, Port Elizabeth Postal code: 6000

14. Particulars of owner, partners, directors, members, chairperson, secretary, etc.

- Surname and Initials: Potgieter, DM ID No. 9 0 0 5 0 8 5 1 1 4 0 8 0

  Postal address: 19 Cactus Road, Fairview, Port Elizabeth Postal code: 6075

  Residential address: 19 Cactus Road, Fairview, Port Elizabeth Postal code: 6075

- Surname and Initials: Gauws, JS ID No. 9 0 0 7 3 1 5 0 8 3 0 8 5

  Postal address: 1 Elsa Joubert Street, Fairview, Port Elizabeth Postal code: 6075

  Residential address: 1 Elsa Joubert Street, Fairview, Port Elizabeth Postal code: 6075

- Surname and Initials: ..... ID No. .....

  Postal address: ..... Postal code: .....

  Residential address: ..... Postal code: .....

⇨ **N.B. Where ID number is not applicable, please indicate passport or other identification number.**

⇨ **N.B. A completed form UI-19 in respect of employees must accompany this form, or please indicate clearly that the information of employees will be submitted electronically.**

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

Date: 3/11/2025 Signature of employer or authorised agent: .....

Employers Declaration of Employees for the month of

Information to be supplied in terms of Section 56(1&3) read with Regulation 13(1&2)

An employer must by the seventh day of each month inform the Commissioner of any changes arising during the previous month regarding the employer's contact details or employees remuneration details including new appointments and termination of service. The employer must forward this form to the Unemployment Insurance Fund at (012) 337-1943/44 or 337-1580/81/82 or submit same at any branch of the UIF which is closest to the employer. The completed 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; Bltn (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.

1. EMPLOYER DETAILS

1.1 UIF Employer Reference No [ ] / [ ] Branch No [ ]

1.2 PAYE Reference No (If registered with SARS) 7 1 4 0 8 1 7 3 2 3

①1.3 Trading name of business

1.4 Physical Address Unit 10, The Network, Fairview, Port Elizabeth, 6000

1.5 Address where employees listed in Item 2 work (if different to the address in 1.4)

1.6 Postal address Unit 10, The Network, Fairview, Port Elizabeth, 6000

1.7 Co. Reg.No (CIPRO No) 2 0 2 0 / 7 8 4 6 8 3 / 0 7

1.8 E-mail address tanya@mullacc.co.za 1.9 Fax No

1.10 Phone No 072 799 9597 1.11 Authorised person**

2. EMPLOYEE DETAILS

A Surname	B Initials	C ID Number (13 Digit bar-coded RSA ID No)	D* Total (Gross) Remuneration paid to Employee Per Month R	D* c	E* Total Hours Worked during Month	F Commencement date of Employment D D M M Y Y	G Termination Date D D M M Y Y	H Reason for Termination (Use Termination Codes as supplied at the bottom of the page)	I Indicate whether contributor or non-contributor (YES OR NO)	J*** If non-Contributor state reason (Use codes at bottom of page)
Kolesky	B	0 0 0 2 1 0 5 0 6 7 0 8 2	6000	00	160	0 7 0 7 2 5			Yes	

I, HANNES GOUWS (Name of Employer), ID No 9007315085085, declare that the above information is true and correct. I understand that it is an offence to make a false statement.

EMPLOYER SIGNATURE

DATE 03.11.2025

DESCRIPTIONS

** If the employer is not resident in the RSA, or is a body corporate not registered in the RSA, an authorised person must carry out the duties of the employer in terms of this Act.

D* Remuneration means actual basic salary plus payment in kind (Declare actual gross salary) If paid Weekly, convert wages to monthly salary (weekly wages X 52/12)

E* Total Hours Worked ie. Actual hours worked during the month (only applicable for employees that are paid per hour) Employers may also submit these details electronically from payrolls or on the UIF's website at www.labour.gov.za Tel. no (012) 337 1680/1700

① Only Applicable for Commercial Employers

Code	(J) Reason for Non-Contribution ***
1	Temporary employees (less that 24 hours per month)
2	Learners in terms of the Skills Development Act
3	Employees in the National and Provincial spheres of Government
4	Employees who are repatriated at the end of their contract of service
5	Employees who earn commission only
6	No income paid for the payroll period
7	Employees in receipt of an Old Age Pension from the State.
8	Employees who receive a pension payment from Employer
9	Above the ceiling (Old Act)

REASON FOR TERMINATION CODES

2	Deceased	6	Resigned	10	Illness /Medically boarded	14	Business Closed
3	Retired	7	Constructive Dismissal	11	Retrenched/Staff Reduction	15	Death of Domestic Employer
4	Dismissed	8	Insolvency/Liquidation	12	Transfer to another Branch	16	Voluntary Severance Package
5	Contract Expired	9	Maternity/Adoption	13	Absconded		