



COVID19 TERS EXTENSION - MOTIVATION FOR INCLUSION FORM

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Name of Employer	
UIF Reference Number	
Name of Employer Representative (if applicable)	
ID number of Employer / Representative	
Contact Number for Employer/Employer Rep	
Email address for all related correspondence	
Business Physical Address (Head Office)	

BUSINESS ACTIVITY DETAILS

Company/Website				
Current SIC code as per SARS				
State primary business activity				
Mark (V) which rejection manager reflected on	The Entity is registered with SARS without Industry/Sector classification.			
Mark (X) which rejection message reflected on the front-end TERS portal when you attempted	The Entity is registered with SARS under "' sars class '"class, which is not a qualified sector category for TERS payment.			
to apply for TERS Extension	The Entity is not registered with SARS under a qualified sector category for TERS payment (the entity is not registered).			
State reason SIC code does not align with that	Incorrectly classified at SARS (unable to update)			
listed as part of the Annexure A	Part of a holding/group structure with generic SIC code			
	Required to be registered under another SIC code for licensing/tax status, etc. requirements			
	Sub-division of business is affected by regulations			
	Key client/s are within sector meaning no ability to trade			
	Operate within a restricted sector site, e.g. resort/beach etc.			
	Other			

MOTIVATION FOR CONSIDERATION FOR INCLUSION

Please provide detailed explanation why your business activity is linked to the approved sectors for TERS extension, and how the employees within have been affected by regulations, such that they have been unable to work their normal hours or have been temporarily laid off. Please provide supporting documentation to substantiate your argument and assist the UIF to assess eligibility of the business activity.

Explanation of business activity and how this relates to regulatory restrictions for sectors listed Annexure A





Supporting Documents Attached	
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Examples of supporting documents could be:	
Company Profile / Brochure	
 Proof of registration of business 	
 Proof of membership of an industry body, Tour 	rism SA, etc.
 Proof of sales or purchase to indicate business 	s activity/client linked to affected sector
 Proof of registration with SETA or any statutor 	y body (e.g. Liquor Licensing or Gambling Boards) within the
approved TERS extension sectors	
SUBMISSION PARTICULARS	
Signed on behalf of the Employer	
Olgried on Benan of the Employer	
Name of Signatory	
Date	
- FOR COMPLETION BY UIF -	
Decision by UIF Official	
Signed on behalf of the UIF	
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Name of UIF Official	