

MAID IN HEAVEN cnt
IT'S ALL ABOUT PEOPLE AND NOT BUSINESS
AGREEMENT BETWEEN CLIENT AND ADMINISTRATOR
e-mail: maidinheavencenturion@live.com contact us: 0765220481

CONDITIONS OF THIS AGREEMENT

1. MAID IN HEAVEN hereinafter referred to as the “Administrator”, will endeavour to supply the Client with a worker (only sleep out) that will suit the Client’s requirements. If the Client is not satisfied with the services of such worker, the worker will be replaced immediately or within a reasonable time after the Administrator has found a suitable replacement. All workers will be picked up on the 1st day of service at our office in CNT, thereafter they will come and go by them self.
2. Leave as well as sick leave will be negotiated between the Administrator and the worker, even though the Client will held responsible for paid annual leave, sick leave and family responsibility leave. Leave can be granted on a pro-rata basis. All annual leave will be taken over Dec. Only accumulated leave will be granted in Dec. If you, our Client want to go on leave and the worker don’t have leave, it will still be paid leave, it will reflect as a negative on her payslip. **Notice may not be given during, or for Decembers.**
3. There will be service fee, inclusive in rates as quoted, as well as a tear-off payslip which is payable to both parties on or before the last workday of the month. The service fee will be payable directly into the agents bank account, whilst the payslip amount is payable either directly to the worker or into her bank account, which reflect on her payslip. The Administrator is entitled to charge interest at a rate of 15.5% per annum on all outstanding monies, which have become due and payable, until the Client has liquidated such debt. **Service fees may not be discussed with the worker**, otherwise this agreement will be terminated immediately, and the deposit towards the notice month, will go to the agency. **ALL UIF REGISTRATIONS / DE-REGISTRATIONS forms must be completed by the Client**, the Client will be the Applicant. The Administrator will submit these forms obo Client and all de-registrations/registrations thereafter will be done by Client on U-filing – with the assistance of the Administrator where needed.
4. Upon signature of this agreement by the Client, the Client undertakes to pay one **month’s salary/service fee** in advanced directly into the Administrator bank account, which reflects hereunder, and which will be utilised to pay for unpaid salaries/service fees, where applicable, or any other ancillary costs including the commencement of legal action against the Client, should the matter so arise, advanced payment will also be forfeited in such a case. *If not applicable, advanced payment will go towards your notice month account where the balance will be refunded to you into your bank account.* Note: even if no replacement worker is needed, client will be liable for one calendar month notice, which will be deducted from your advanced payment, before any advanced payment will be paid back to the Client. Interest on the advanced payment is for the Administrators account. Such advanced payment is payable, before any services by the worker will commence. There will be an annual rates increase, between 8 and 10% after 1 yrs service with the Administrators. **If the contract is cancelled in the 1st month of service, by the Client, there will be a cancellation fee, payable of R400.00, As well as 1 calendar month notice, which will be deducted from your advanced payment**
5. The termination of services by the worker with the Client will be concluded and conducted by the Administrator and any disputes, which arise, as result thereof will be handled by the Administrator.
6. Either party providing the other party with no less than one calendar month’s written notice to the effect thereof may terminate this contract. All advanced payments to this agency will be kept as a penalty fee, if not obliged to the agreement signed with this agency. However should the Admintrator wish to terminate the agreement as result of any default of payment of salaries/service fee by the Client, the Administrator may terminate this agreement without prior written notice and may proceed against the Client and claim from the Client all amounts which it is entitled to in law.
6.1 Should either the Client, or the worker, render such services solely to themselves, without the assistance or the Administrator or if the worker live on the property of the Client, there for not upholding the provisions of this agreement, and in a period of at least 6 months, thereafter, one month salary / service fee will be paid towards MIH as a penalty fee. Penalty fee will be calculated pro rata to the amount of days the Client want the services of the worker.
7. All salaries / service fee payable under paragraph 3. Exclude:
Overtime, uniforms, all meals and beverages
VAT(agent isn’t reg for VAT)
UIF payments must be done by Client, even though Administrator will supply the Client with the correct form regarding UIF, registration will be done by the office, when the Client is allocated with a UIF nr the Client will be able to register on the u-filing system by register or de-register any worker as necessary or the Administrator will do this obo the Client as part of our service.
8. Public Holidays will not be worked and, if a workers day of work falls on such day, the Client will be responsible for any salaries due on such day.

Initial:

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Indemnity Clause: On the date of signature of this agreement by the Client, the Client confirms that it understands the terms and conditions hereof and that it indemnifies the Administrator against all Claims, of whatever nature, which may arise during the term of this agreement. Administrator won't take responsibility for any keys, remotes gate passes etc, on replacement client must get all property from Contractor beforehand.

NOTE: ADMINISTRATOR WILL BE RESPONSIBLE FOR ALL NOTICE PAYS, SEVERANCE PACKAGES, ANYTHING THAT IS NOT PAYABLE FROM THE UIF – AND WILL SUPPLY THE WORKER WITH ANOTHER CONTRACT IF THERE WAS NO DICIPINARY ACTION AGAINST WORKER

Should the Client be in breach as result of non timeous payment of salaries, the Administrator is entitled to proceed with legal action and the Client will be liable for all the attorney/client/agent costs incurred as a result thereof. Furthermore it is noted that the physical addresses of the Administrator and Client provided hereunder are chosen as the Domicilium citandi et executandi for all purposes and procedures hereunder

BANKING DETAILS: FNB BRANCH: 251145 ACC: 62435485679 O.B.O. E VD WESTHUIZEN(MIH)

Salaries	PER DAY/MONTH:	ANNUAL PAID LEAVE:	HOURS:
1x Week Mon to Fri	R 201.14 PD	3 Days per year. (WORKDAYS)	8.5 hrs
2x Week “	R 181.05 PD	6 Days per year. “	8.5 hrs
3x Week “	R 170.74 PD	9 Days per year. “	8.5 hrs
4x Week “	R 170.74 PD	12 Days per year. “	8.5 hrs
Full-time sleep out	R 3095.10 PM	15 Days per year. “	8.5 hrs
Saturdays	R 232.04 PD	3 Days per year “	8.5 hrs

Name and Surname

Marital Status In or out of Community of Property

E-mail address

Physical Address

Postal Address

.....Code

Tel. Numbers Office Cell

Home Fax

I.D. Number

SIGNED AND ACCEPTED ON _____ DAY _____ MONTH **2017**

CLIENT
 Agency address: **98 Willem Botha ave**
Eldoraigne x 6
Centurion 0157

AGENT

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MAID IN HEAVEN: CLIENT REQUIREMENTS REGARDING A WORKER

Client Details: NAME :
ADDRESS :
TEL/CELL :
FAX :

DATE WHEN WORKER NEEDS TO START :
AGE PREFERENCE :
PET CARE (yes/no) :
CHILDCARE (yes/no) : **R293.52 extra**
HOW MANY FAMILY MEMBERS :
WHICH DAYS OF THE WEEK:.....
WORKING HOURS :.....
RELIGION PREFERENCE :
COOKING : **R219.20 extra**.....

BASIC DUTIES:
.....
.....
.....

OFFICE WORKER :

WHICH DAYS OF THE WEEK:.....

TEAGIRL:.....
BASIC DUTIES:.....
.....
.....

Useless info regarding your worker, but very important to us: who told you about us?

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> CHILDMINDING <input type="checkbox"/> MAKING OF BEDS <input type="checkbox"/> VACUUMING OF CARPETS <input type="checkbox"/> VACUUMING OF UPHOLSTERY <input type="checkbox"/> DUSTING
 <input type="checkbox"/> WIPING DOWN ALL APPLIANCES tv etc <input type="checkbox"/> CLEANING OF WALLS, LIGHT SWITCHES, DOORS, CUPBOARDS etc
 <input type="checkbox"/> CLEANING OF ORNAMENTS <input type="checkbox"/> CLEANING OF TOILETS, BASINS, BATHS, SHOWERS, TAPS etc <input type="checkbox"/> MOPPING OF TILED/VINYL FLOORS
 <input type="checkbox"/> COOKING OF LUNCH FOOD
PREPERATION / COOKING OF SUPPER
 <input type="checkbox"/> SETTING OF TABLE <input type="checkbox"/> CLEANING AWAY AFTER BREAKFAST /LUNCH/SUPPER <input type="checkbox"/> POLISHING OF FLOORS AND VERANDAS <input type="checkbox"/> CLEANING BRASS AND SILVER <input type="checkbox"/> WASHING OF WALLS | <ul style="list-style-type: none"> <input type="checkbox"/> GENERAL TIDYING OF HOUSE <input type="checkbox"/> WASHING CURTAINS <input type="checkbox"/> WASHING & IRONING <input type="checkbox"/> SMALL MENDING JOB (clothes) <input type="checkbox"/> FRIDGE/ FREEZER
cleaning/defrosting <input type="checkbox"/> CLEANING OF WINDOWS <input type="checkbox"/> CLEANING OF ALL USED
EQUIPMENT e.g.
VACUUMCLEANER etc
 <input type="checkbox"/> PACKING AWAY OF
GROCERIES <input type="checkbox"/> REMOVAL OF REFUSE FOR
COLLECTION <input type="checkbox"/> SWEEPING OF OUTSIDE
PATIOS, STEPS etc
 <input type="checkbox"/> OTHER:(RELIGION PREF, LOOKING
AFTER THE ELDERLY, PETCARE,
LANGUAGE PREF etc) |
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PLEASE FILL IN AND E-MAIL TO maidinheavencenturion@live.com

THANK YOU MAID IN HEAVEN CNT

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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 OF DOMESTIC EMPLOYEES

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; **Dnb** (031) 366 2156; **Polokwane** (015) 290 1670; **Mmabatho** (018) 384 2658; **East Ldn** (043) 701 3263; **Biftn** (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

PRIVATE HOUSEHOLD

EMPLOYER INFORMATION TO BE PROVIDED:

- 1. Identity / Work Permit / Passport number of employer:
- 2. First names of employer:
- 3. Surname of employer:
- 4. Date on which the first contributor (employee) was employed (Cannot be prior to April 2003):
- 5. Number of employees employed:
- 6. Tel. number during office hours: Code: Number:
- 7. Tel. number after hours: Code: Number:
- 8. Cell phone number:
- 9. Fax number (if applicable): Code: Number:
- 10. Personal or other e-mail address (if applicable):
- 11. Language preference: 1= English, 2 = Afrikaans
- 12. Postal address:

Postal code:
- 13. Residential address:

Postal code:
- 14. Magisterial district in which residential address is situated:
- 15. Municipality:

⇒ **N.B. A completed form UI-19 in respect of employees must accompany this form.**

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

Date: Signature of employer or authorised agent: