

[Your Company Letterhead]

[Date]

[Recipient Name]

[Recipient Title]

[Recipient Company]

[Recipient Address]

[City, State, Zip Code]

Subject: UIF Payment Submission

Dear [Recipient Name],

We are writing to formally submit our application for the Unemployment Insurance Fund (UIF) payment for our employees in accordance with the relevant guidelines.

****Company Details:****

- Company Name: [Your Company Name]
- Registration Number: [Your Registration Number]
- Address: [Your Company Address]
- Contact Number: [Your Contact Number]
- Email Address: [Your Email Address]

****Employee Details:****

- Number of Employees: [Total Number]
- Period of Claim: [Start Date] to [End Date]

Attached are the required documents:

1. UIF Payment Application Form
2. Employee List with ID Numbers
3. Proof of Payments
4. [Any other relevant documents]

We affirm that all information provided is accurate and complete. Please let us know if further information is required to process our claim.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Signature]

[Attachment List]