

GOVERNMENT OF THE KINGDOM OF ESWATINI



Ministry of Labour and Social Security

REF/CLAIM NUMBER

ENPF EMPLOYER NUMBER.....

UNPAID LAYOFF RELIEF FORM

Type of Business _____

Name of Establishment _____

Location: _____

Region: _____

Number of Workers Applying for _____

1. Letter of Layoff approval
2. Trading license
3. Copy of wages register preceding layoffs
4. Copy of NPF 200 preceding layoffs
5. Proof of any amounts paid during layoff in comparison to employees' regular wages if any
6. List of employees containing Name, Surname, PIN, Graded tax, Cell Number ,Banking Details ,Preferred mode of payment (mobile money/eMali/EFT) .

Contact Details:

Landline..... Cell phone.....Email.....

Name of Officer Submitting claim.....

Position of Officer.....

Signature.....

Date of Submission.....

Received By: