



**DEPARTMENT: PUBLIC SERVICE AND ADMINISTRATION  
REPUBLIC OF SOUTH AFRICA**

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**TO ALL HEADS OF DEPARTMENTS AND PROVINCIAL ADMINISTRATIONS**

**REGISTRATION OF SPOUSES/LIFE PARTNERS**

1. In this Department's evenly-numbered circular dated 2 August 2002 the definition of 'spouse' was announced for purposes of provisions regulating all service benefits, worker compensation and work facilities, *except the Government Employees Pension Fund*.
2. The Minister for Public Service and Administration has -
  - 2.1. approved an amendment to the definition of spouse for purposes of service benefits, worker compensation and work facilities to facilitate sound administration and reads now as follows:

"Spouse" – means a person or persons registered with the Employer as the lawful husband or wife (wives) or life partner (including same sex life

partner) by the employee at the time of use of the benefit, worker compensation or work facility: Provided that an employee: -

(a) may register all spouses entered into under customary or indigenous law with the Employer;

(b) may register only one life partner at a time with the Employer;

*(Note: In terms of the registration of only 'one life partner at a time' employees should be aware that if a new domestic partnership is established, i.e. replacement of one registered life partner with another, the onus is on the employee to terminate the registration of the previous life partner and follow the registration process in respect of the new life partner.)*

(c) who has (a) spouse(s) registered with the Employer in terms of the recognition of Customary Marriages Act, 1998 and the Marriages Act, 1961, may not register a life partner with the Employer;

2.2. with due consideration to the practical problems involved in a single registration process for pension benefits, service benefits, worker compensation and worker facilities, approved that a separate registration process be followed for purposes of service benefits, worker compensation and work facilities; and approved the attached set of registration forms for purposes of the registration of spouses/life partners.

3. It is suggested that departments follow the following steps in facilitating the registration process:

3.1. Prepare a covering letter to all employees explaining the procedure to be followed.

3.2. Distribute copies of the registration forms together with the covering letter to all employees in your Department.

3.3. The Department should keep the registration form in the employee's personal file.

3.4. The Department should issue in respect of each registration received a letter of confirmation to the employee concerned.

3.5. The Department could on an annual basis remind employees to change their details/re-register their spouse/life partner in the event of changes occurring.

  
DIRECTOR-GENERAL  
FOR



**REGISTRATION OF A SPOUSE/LIFE PARTNER  
FOR PURPOSES OF SERVICE BENEFITS, WORKER  
COMPENSATION AND WORKER FACILITIES**

**Instructions**

1. This form comprises of four parts.
2. Completion of Part A and E are compulsory.
3. Complete Part B, C or D to register a spouse or life partner, whichever is applicable
4. The employee, spouse/life partner and witnesses must initial each page of the completed form and sign in full where required.
5. Forms must be submitted to the Personnel unit in your Department for processing.

**PART A**  
**EMPLOYEE PARTICULARS**

<b>Surname</b>	
<b>Full names</b>	
<b>Date of birth</b>	
<b>ID Number</b>	
<b>PERSAL Number</b>	
<b>Department</b>	
<b>Division/Section</b>	
<b>Job Title</b>	
<b>Street Address</b>	
<b>Postal Address</b>	
<b>Telephone number</b>	
<b>Fax Number</b>	
<b>E-mail address</b>	

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

**PART B**

**REGISTRATION OF A SPOUSE IN THE EVENT OF A MARRIAGE SOLEMNISED IN TERMS OF THE MARRIAGES ACT, 1961**

1. I hereby register my spouse for purposes of service benefits, worker compensation and worker facilities with the employer.
2. My spouse's particulars are as follows:

<b>Surname</b>	
<b>Full names</b>	
<b>Date of birth</b>	
<b>ID Number</b>	
<b>Street Address</b>	
<b>Postal Address</b>	
<b>Telephone number</b>	
<b>Fax Number</b>	
<b>E-mail address</b>	

3. **Declaration**

We hereby declare that we are married in terms of the Marriages Act, 1961. A certified copy of the marriage certificate is attached.

4. **Understanding**

I, the undersigned employee, understand that-

- (a) the payment/provision of service benefits, worker compensation and worker facilities in favour of myself and my registered spouse will take place within the legal framework of the regulations, collective agreements, policies and the like; and
- (b) I must **immediately** inform the employer and provide proof thereof to the satisfaction of the employer, if my marriage is dissolved.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

**Witnesses**

\_\_\_\_\_  
1

\_\_\_\_\_  
2

\_\_\_\_\_  
**Signature of Spouse**

\_\_\_\_\_  
**Date**

**Witnesses**

\_\_\_\_\_  
1

\_\_\_\_\_  
2

**PART C**

**REGISTRATION OF SPOUSE IN THE EVENT OF A MARRIAGE SOLEMNISED IN TERMS OF THE CUSTOMARY MARRIAGES ACT, 1998**

*Note: If you register more than one wife please complete this part in respect of each wife. To enable the employer to register your information correctly, please indicate the total number of wives in this block:*

<b>Official use</b>	<b>Wife No</b>	<b>Total wives</b>

1. I hereby register my spouse for purposes of service benefits, worker compensation and worker facilities with the employer.
2. My spouse's particulars are as follows:

<b>Surname</b>	
<b>Full names</b>	
<b>Date of birth</b>	
<b>ID Number</b>	
<b>Street Address</b>	
<b>Postal Address</b>	
<b>Telephone number</b>	
<b>Fax Number</b>	
<b>E-mail address</b>	

3. **Declaration**

We hereby declare that-

- (a) we are married in terms of the Customary Marriages Act, 1998. A certified copy of the marriage certificate is attached; and
- (b) there are other parties who are also married to the employee in terms of the Customary Marriages Act, 1998. **(Delete if not applicable)**

4. **Understanding**

I, the undersigned employee, understand that-

- (a) only those spouse(s) who is/are registered with the employer would be entitled to benefits;
- (b) the payment/provision of service benefits, worker compensation and worker facilities in favour of me and my registered spouse(s) will take place within the legal framework of the regulations, collective agreements, policies and the like;
- (c) I must **immediately** inform the employer and provide proof thereof to the satisfaction of the employer if my marriage is dissolved; and
- (d) disputes between the parties married in terms of customary law regarding the registration of any of the spouses in terms of this process should be dealt with through the Customary Marriages Act or civil law.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

Witnesses

\_\_\_\_\_  
1

\_\_\_\_\_  
2

\_\_\_\_\_  
**Signature of Spouse**

\_\_\_\_\_  
**Date**

Witnesses

\_\_\_\_\_  
1

\_\_\_\_\_  
2



**PART D**

**REGISTRATION OF LIFE PARTNER IN A DOMESTIC PARTNERSHIP**

1. I hereby register my life partner for purposes of service benefits, worker compensation and worker facilities with the employer.
2. My life partner's particulars are as follows:

<b>Surname</b>	
<b>Full names</b>	
<b>Date of birth</b>	
<b>ID Number</b>	
<b>Street Address</b>	
<b>Postal Address</b>	
<b>Telephone number</b>	
<b>Fax Number</b>	
<b>E-mail address</b>	

3. ***Declaration***

We hereby declare that -

- (a) my life partner and I are unmarried parties to the domestic partnership;
- (b) the partnership excludes any other person and involves cohabitation;

- (c) my life partner and I share the responsibility for one another's common welfare and needs, financially and otherwise; and
- (d) I am not legally married to another person in terms of the Marriages Act, 1961 or Customary Marriages Act, 1998.

4. **Understanding**

I, the undersigned employee, understand that-

- (a) I may register only one life partner with the employer;
- (b) I may not register a life partner with the employer if I am married to another person in terms of the Marriages Act, 1961 or Customary Marriages Act, 1998;
- (c) the payment/provision of service benefits, worker compensation and worker facilities in favour of myself and my life partner will take place within the legal framework of the regulations, collective agreements, policies and the like; and
- (d) I must **immediately** inform my employer and provide proof thereof to the satisfaction of the employer, which may include an affidavit, if my domestic partnership with my registered life partner is dissolved for whatever reason.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

**Witnesses**

\_\_\_\_\_  
 1

\_\_\_\_\_  
 2

\_\_\_\_\_  
**Signature of Life partner**

\_\_\_\_\_  
**Date**

**Witnesses**

\_\_\_\_\_  
 1

\_\_\_\_\_  
 2

**PART E**  
**OATH/AFFIRMATION**

1. I certify that before administering the oath/affirmation I asked the employee the following questions and wrote down her/his answers in her/his presence:
  - 1.1. Do you know and understand the contents of the registration?  
Answer \_\_\_\_\_
  - 1.2. Do you have any objection to taking the prescribed oath or affirmation?  
Answer \_\_\_\_\_
  - 1.3. Do you consider the prescribed oath or affirmation to be binding on your conscience?  
Answer \_\_\_\_\_
2. I certify that the employee has acknowledged that she/he knows and understands the contents of this registration. The employee utters the following words: "I swear that the contents of this declaration are true, so help me God." / "I truly affirm that the contents of the declaration are true". The signature/mark of the deponent is affixed to the declaration in my presence:

**Commissioner of Oath /Justice of the Peace**

Full first names and surname: \_\_\_\_\_  
(Block letters)

Designation (rank) \_\_\_\_\_ Ex Officio Republic of South Africa

Name of Institution: \_\_\_\_\_

Street address of institution \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_