

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001AS AMENDED  
APPLICATION FOR PAYMENT OF UNEMPLOYMENT BENEFITS  
IN TERMS OF SECTION 17(4) READ WITH REGULATION 3**

Identity Document

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1.	Surname:	
2.	Previous surname: <i>(Only if it changed since submission of current claim)</i>	
3.	First names:	
4.	Contact number:	

**IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS**

5.	Postal address:	
6.	Residential address: <i>(If different from postal address)</i>	
		Postal code

7. (a)	If you have commenced work indicate date: _____ / _____ / _____
(b)	Name of new employer: _____ Employer Contact number: _____
(c)	If the Reduced Work Time period has come to an end indicate the date: _____ / _____ / _____

➤ **NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED**

**I declare that :**

- I am unemployed and have not been employed since I last submitted my application completed a continuation form and that I have not received remuneration or payment in kind for any work performed without notifying the Claims Officer.
- I am on Reduced Work Time *(if applicable)*
- I am aware of the fact that it is an offence to complete this continuation form while I am in employment/ not on Reduced Work Time without informing the Claims Officer that I have resumed work.
- I furthermore declare that the information given is true and correct, I am aware that it is an offence to willfully make a false statement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of applicant Date

**NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.**

➤ NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.

➤ **IN THE EVENT OF YOU RESUMING EMPLOYMENT OR BACK TO YOUR NORMAL WORKING HOURS YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).**

<u>Date Received:</u>	
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