



COVID19 TERS DISPUTE FORM

			AVED
PARTICUL	ARS UF	EMPL	.OYEK

Name of Employer	
UIF Reference Number	
Name of Employer Representative (if applicable)	
ID number of Employer / Representative	
Email address for all correspondence	

PARTICULARS OF CLAIM DISPUTE PERIOD

Please indicate with a X which lockdown/claim periods are under dispute:

Lockdown 1 (27 March – 30 April 2020)	Lockdown 2 (1 – 31 May 2020)	
Lockdown 3 (1 – 30 June 2020)	Lockdown 4 (1 July – 15 August 2020)	
Lockdown 5 (15 August – 15 September 2020)	Lockdown 6 (16 September – 15 October 2020)	

NATURE OF DISPUTE/S

Please provide detailed explanation of the nature of the dispute (per applicable lockdown/claim period). This information will be utilised to assess the dispute and determine way forward so should be sufficiently detailed and reference any attached supporting documentation which should be clearly labelled for ease of reference.

Lockdown 1 (27 March – 30 April 2020)	
Supporting Documents Attached	
1	
2	
3	





Lockdown 2 (1 – 31 May 2020)
Supporting Documents Attached
Supporting Documents Attached
1
2
3
Lockdown 3 (1 – 30 June 2020)
Lockdown 3 (1 – 30 June 2020)
Lockdown 3 (1 – 30 June 2020)
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Lockdown 3 (1 – 30 June 2020)
Lockdown 3 (1 – 30 June 2020)
Supporting Documents Attached
Supporting Documents Attached 1
Supporting Documents Attached





Lockdown 4 (1 July – 15 August 2020)
Supporting Documents Attached
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2
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Lockdown 5 (15 August – 15 September 2020)
Supporting Documents Attached
Supporting Documents Attached 1
Supporting Documents Attached





Lockdown 6 (16 September – 15 October 2020)	
Supporting Documents Attached	
1 2	
3	
O	
SUBMISSION PARTICULARS	
Signed on behalf of the Employer	
Name of Signatory	
Date	
- FOR COMPLETION BY UIF -	
Decision by UIF Official	
Signed on behalf of the UIF	
Signed on behalf of the UIF Name of UIF Official	