



UI-2.5

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Regulation 7(1)

A. PARTICULARS OF DECEASED CONTRIBUTOR:

13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy)

Gender

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Male		Female	
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First Names: _____

Surname: _____

Date of Death: _____

Last residential address: _____

Code: _____

Details of previous application

Name and ID/ passport No under which deceased applied: _____

B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER: (NOTE: In the case of a surviving spouse(s), a marriage certificate or proof of customary marriage, or religious union is required)

13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy)

Gender

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Male		Female	
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First Names: _____

Surname: _____

Postal address: _____ Code: _____ Telephone number: _____

Residential address: _____ Code: _____ Telephone number: _____

Occupation: _____

E-mail: _____

Use the UI-2.8 form for Banking Details

I declare that I am one of _____ surviving spouses or the only surviving spouse or life partner of the abovementioned deceased contributor, that I was not divorced from him/her and that information given in this document is true and correct. I understand that it is an offence to make a false statement.

Signature of applicant: _____ Date: ____/____/____

SIGNATURE OF APPLICANT / PROXY

Date _____

SIGNATURE OF OFFICIAL

COMPLETE YES NO

Claim approved from: _____
Application refused in terms of _____
Claims officer (Please Print): _____
Signature: _____
Date: _____

Office Stamp