NOMINATION FORM FORM)	FOR UIF DEPENDA	NTS BENEFITS	6 (PLE	ASE NOTE	THAT	NO A	LTER	ATIO	SNC	S ARE	ACC	EPTEC	ON T	ΓHIS	
I	ent					_				T					
(Employee's full name &	& surname)	, Identity Docum	CIIC			L			L	 J.				!	
Currently employed at nominate the below in 1. SPOUSE / LII		o have access t	UI to my	F Ref Nui UIF Depe	mber ndan	ts Be	enefi	ts in	n th	e ev	ent o	of my	here death	by 1.	
	····														
Surname	Full Names	Relationsh employee	ip to	Date of	Birth	1	Iden	itity	Do	cum	ent				
2. CHILD/REN U	JNDER THE AGE OF	21 OR LEARN	IER O	R DEPEN	lDAN	IT C	HILD)							
Surname		Date	te of Birth			Identity Document									
3. NOMINATED	BENEFICIARY OF Y	OUR CHOICE	(if mor	e than 1 no	minee	, the	perce	ntag	ge n	nust	be all	ocated	per n	omine	∌)
Surname	Full Names	Date of bi		Valid ID/Passport/Policy Number			ermit			Relationship to employee				Allocated percentage	
Total Percentage													1	00%	
		The second secon											ı		Manual
l, persons shown above complete and re-subm	e as dependants and nit the form UI-53 to m	the undendor nominees by Employer for	ersign may o subm	ed unders change. In ission to t	stand n the he D	l tha eve epar	t my ent th tmen	cir nere nt of	cur e is Er	nsta s a ເ nplo	nces chan ymei	and ge, I nt & L	thos unde abou	e of tl rtake r.	ne to
Signed at:			on the												
EMPLOYEE'S SIGNATURE															
FULL NAME OF EMPLOYE	ER REPRESENTATIVE	•	PLEAS	EMPLOYE E NOTE TH								DAT PT ED		 IIS FOI	RM