



UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 28 Read with Regulation 6(1)

13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy)

Gender

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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First Names:			Surname:				
Postal address:			Code:	Code /Telephone No:	Residential address:	Code:	Code /Telephone No:
Occupation:			E-mail:		Fax:		

Education:

SPECIAL SCHOOL CERT.	<input type="checkbox"/>
BELOW GRADE 8	<input type="checkbox"/>

GRADE 8-9	<input type="checkbox"/>
GRADE 10 - 11	<input type="checkbox"/>

GRADE 12	<input type="checkbox"/>
ABOVE GRADE 12	<input type="checkbox"/>

Use the UI-2.8 form for Banking Details
Details of previous application
a) Name and ID / Passport No under which you applied: _____

ARE YOU STILL EMPLOYED	Yes	No
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NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED
IF YOU HAVE RETURNED TO WORK, STATE DATE: ____ / ____ / ____

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud. In the event of an overpayment occurring as a result of this application I undertake that I will refund the full amount to the Fund.

I declare that the above information is true and correct.

SIGNATURE OF OFFICIAL Date: ____ / ____ / ____	SIGNATURE OF OFFICIAL			Claim approved from: _____ Application refused in terms of _____ Claims officer (Please Print): _____ Signature: _____ Date: _____	Office Stamp
	COMPLETE	YES	NO		