



(Confirm)

Office Stamp

_____ Date: _____

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 (AS AMENDED) PAYMENTS TO DEPENDANTS/NOMINEE OF DECEASED CONTRIBUTORS DECEASED NAME: _____

Identity Number:

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COMPANY NAME/REFERENCE: _____

In order that the application for payment to the dependant/s of the above named deceased contributor may be considered, kindly and without delay, submit the following information/documents to this office.

Details of his/her dependants (Name/Addresses/Relationship and ID no's)

Child/Children's details: _____

1. Nominee: As per section

N.B: Where there is more than one nominee indicate percentage allocation.

Tel. No: _____

Company Stamp

Contact person:

Date:

Your urgent response will be appreciated.

Yours faithfully

CLAIMS OFFICER