



UI-5

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR CONTINUATION OF PAYMENT FOR ADOPTION BENEFITS IN TERMS OF REGULATION 6(3)

ID NO/PASSPORT

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1. Surname:																																							
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2. Previous surname: <i>(Only if it changed since your previous application)</i>																																							
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3. First names:																																							
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4. Telephone number: (a) Cell Number (b) Landline Number																																							
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<u>IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS</u>																																							
5. Postal address:																																							
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6. Residential address: <i>(If different from postal address)</i>																																							
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7. Date of Commencement of Adoption Leave: ____/____/____																																							
8. If you have commenced work indicate date: ____/____/____																																							
<p>➤ NB: IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED.</p>																																							
<p>I declare that :</p> <p>I declare, except as stated in item 7, that I have not worked since the date of my application for adoption benefits and have not been entitled to my normal remuneration/or will receive a portion of my normal remuneration as declared by my employer on prescribed form UI-2.7 submitted with my application form.</p> <p>I furthermore declare that the information given is true and correct. I am aware that it is an offence to wilfully make a false statement. 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.</p>																																							
<p>N.B:</p> <ul style="list-style-type: none">➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF LABOUR OFFICE.➤ NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.➤ IN THE EVENT OF YOU RESUMING EMPLOYMENT OR BACK TO YOUR NORMAL WORKING HOURS YOU ARE REQUIRED➤ TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION.																																							

Date Received:	
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