



UI2.9

UNEMPLOYMENT INSURANCE ACT, 63 OF 2001 AS AMENDED
APPLICATION FOR PAYMENT OF PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A (1) read with Regulation 6(1)

PLEASE SELECT THE TYPE OF BENEFITS YOU WISH TO APPLY:

Parental	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Commissioning parental	<input type="checkbox"/>
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Identity Document:

<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"/>	<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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Identity Document of a child:

<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"/>	<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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Date of birth
(dd/mm/yy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender)

<input type="text"/>	<input type="text"/>
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First name: Surname:

Postal address: Code: Code/Telephone No: Residential address: Code: Cell No:

Occupation: E-mail address: Fax number:

Education:

Special school certificate:	<input type="text"/>	Grade 8 - 9	<input type="text"/>	Grade 12	<input type="text"/>
Below grade 8:	<input type="text"/>	Grade 10 - 11	<input type="text"/>	Above grade 12	<input type="text"/>

Details of the previous application if Identity Document differs from current.

a) Name and identity under which you applied:

Are you still employed: Yes No

N.B. If you are still employed, form UI 2.7 must also be completed.

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 overpayment, as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct.	SIGNATURE OF OFFICIAL:	Claims approved from: _____	Department of Employment and Labour official stamp.
		Application refused in terms of: _____	
SIGNATURE OF AN APPLICANT:	Date: ____/____/____	Claims Officer (please print): _____	
		Signature: _____	
Date: ____/____/____	Date: ____/____/____	Date: ____/____/____	



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

UI2.9



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