



UNEMPLOYMENT INSURANCE ACT 63 OF 2001

APPLICATION FOR UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(1) – Read with Regulation 3(1)

13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy)

Gender

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
------	--------------------------	--------	--------------------------

First Names:

Surname:

--	--

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

Occupation:	E-mail:	Fax:
-------------	---------	------

Education:

SPECIAL SCHOOL CERT.	
BELOW GRADE 8	

GRADE 8-9	
GRADE 10 - 11	

GRADE 12	
ABOVE GRADE 12	

Use the UI-2.8 form for Banking Details

Details of previous application

a) Name and ID / Passport No under which you applied: \_\_\_\_\_

FURTHER REQUIREMENTS			FURTHER REQUIREMENTS FOR REDUCED WORK TIME in term of section 12(1B)			IMPORTANT: READ THIS SECTION BELOW:
1. Are you registered as a work seeker with a Labour Centre established by the DOL	Yes	No	1. Are you currently employed	Yes	No	I declare that I am/ was unemployed/ I'm working reduced hours. 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 or receiving "full/normal pay" 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.
2. Are you capable and available for work?	Yes	No	2. Are / Were you on Reduced Work Time: _____	Yes	No	
3. If you are not capable of and available for work, please explain: _____			3. Has your employer completed a UI-2.7?	Yes	No	
Signature of applicant: _____						I declare that the above information is true and correct. SIGNATURE OF APPLICANT: _____ Date: _____

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