

**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 Female

First Names Surname

Postal Address Code /Telephone No

Residential Address Code Cell No

Occupation E-Mail Address Fax number

Education

SPECIAL SCHOOL CERT.	GRADE 8-9	GRADE 12
BELOW GRADE 8	GRADE 10 - 11	ABOVE GRADE 12

Use the UI-2.8 form for Banking Details

Details of previous application

a) Name and ID 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 workseeker with a Labour Centre established by the DOL	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are you currently employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>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.</p> <p>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>I declare that the above information is true and correct.</p>
2. Are you capable and available for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are / Were you on Reduced Work Time: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If you are not capable of and available for work, please explain: _____		3. Has your employer completed a UI-2.7?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of applicant: _____				<p>SIGNATURE OF APPLICANT: _____</p> <p>Date: ____/____/____</p>

Signature of Official	Signature: _____	OFFICE STAMP			
Date: ____/____/____	Claim approved from: _____				
<table border="1"> <tr> <td>COMPLETE</td> <td>YES</td> <td>NO</td> </tr> </table>	COMPLETE	YES	NO	Application refused in terms of: _____	
	COMPLETE	YES	NO		
	Claims officer (Please Print): _____				
	Signature: _____				
	Date: _____				