

**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 Code Fax number

E-Mail Address

Education

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

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)	
1. Are you registered as a workseeker with a Labour Centre established by the DOL	Yes No	1. Are you currently employed	Yes No
2. Are you capable and available for work?	Yes No	2. Are 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

IMPORTANT: READ THIS SECTION BELOW:

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.

I declare that the above information is true and correct.

SIGNATURE OF APPLICANT: _____
Date: ____/____/____

Signature of Official	Signature of applicant
Claim approved from	Signature
Application refused in terms of:	Date
Claims officer (Please Print):	
OFFICE STAMP	

COMPLETE	YES	NO
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UNEMPLOYMENT INSURANCE FUND

AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT

To be completed by the Financial Institution (Bank/Post Office)

Name of account holder _____
(Full name and surname in block letters)

Identity number

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Name of Financial Institution _____

Branch code

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

Account number

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Indicate with an "X"

Savings account			Current account			Transmission account		
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Dormant:			Active		
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I declare that the abovementioned information is current and complete in every aspect and that the Unemployment Insurance Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.

NB: Please note that no corrections on this form would be accepted

Information supplied by: (Name of Bank/Post Office Official)

Signature of Bank Official _____ Bank Official Stamp

Date: _____

To be completed by the Applicant

The Unemployment Insurance Commissioner/Claims Officer

I, _____
(Full name and surname in block letters)

Identity number

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hereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned account held at the Financial Institution (Bank/Post Office), unless otherwise instructed in writing.

I declare that the information as furnished by the abovementioned Financial Institution is to my knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment being made into the provided banking account should this account be incorrect or incomplete.

Signature of applicant _____

Date _____