



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

FORM MUST BE COMPLETED ON OR AFTER		ID NO.		
1. Surname:				
2. Previous surname: (Only if it changed sin	ice your previous a	pplication)		
3. First names:				
4. Identity number:		5. Telephone number	er:	
6. Postal address:				
0. I ostai address.				
7. Residential address: (If different from po.	stal address)		Postal code	
8. Date returned to work: /	/			_
o. Date returned to work.				
NB: IF YOUR BANKING DETAILS HA	VE CHANGED, 1	FORM UI-2.8 MUST	BE COMPLETED	
CONFIRM YOUR BANKING DETAILS (T	his portion to be c	ompleted by applicant	t and is not necessary to	be completed by
Financial Institute)				
Name of account holder				
Name of Financial Institution				
Branch code Ac	count number			
Branch code Ac				
I declare, except as stated in item 8, that I ha				
been entitled to my normal remuneration as declared by my employer on the prescribed form UI-2.7 submitted with my application form.				
I furthermore declare that the information given is true and correct. I am aware that it is an offence to willfully make a false				
statement.				
Cionatura of amiliant				
Signature of applicant  NRI > THIS FORM MUST BE SUBMITTED TO	Date NEADEST D	EDADTMENT OF LABOR	ID OFFICE (THIS FORMS	HOLL D NOT BE
NB! > THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF LABOUR OFFICE. (THIS FORM SHOULD NOT BE FAXED AS ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED).				

IN THE EVENT OF YOU RESUMING EMPLOYMENT YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR

OFFICES IMMEDIATELY AND TO REQUEST THE NEW EMPLOYER TO SUBMIT A DECLARATION.

NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.