# GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

### **DEPARTMENT OF LABOUR**

NO. R. 1421

**04 NOVEMBER 2019** 

# **DEPARTMENT OF EMPLOYMENT AND LABOUR**

**UNEMPLOYMENT INSURANCE ACT, 2001 (ACT NO. 63 OF 2001)** 

# AMENDMENT OF UNEMPLOYMENT INSURANCE ACT REGULATIONS

The Minister of the Department of Employment and Labour has, in terms of section 54 of the Unemployment Insurance Act, 2001 (Act No. 63 of 2001), and after consultation with the Unemployment Insurance Board, made the regulations in the Schedule that will come into operation as follows:

Regulation 5A of the Amendment Regulations will come into operation on date of publication.

Regulations 5B and 6(f) of the Amendment Regulations will come into operation from 01 April 2020.

MR. T. W. NXESI, MP

MINISTER OF EMPLOYMENT AND LABOUR

DATE:

### SCHEDULE

### Definition

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 400 of 28 March 2002 as amended by Government Notice No. 536 of 23 April 2004, Government Notice No. R. 823 of 10 August 2005, Government Notice No. R. 948 of 5 October 2009 and Government Notice No. R. 1434 of 28 December 2018.

# Insertion of regulation 5A in the Regulations

- **2.** The following regulation is hereby inserted after regulation 5 of the Regulations:
  - "Application for parental benefits in terms of section 26B of the Act
  - **5A.** (1) An application for parental benefits in terms of section 26B of the Act must be made at an employment office and must be in the form of a complete UI 2.9.
  - (2) An applicant for parental benefits, when making the application, must submit -
  - (a) an identity document;
  - (b) a full birth certificate of the child with full details of parents;
  - (c) a surrogate motherhood agreement in terms of the Children's Act, 2005 (Act No. 38 of 2005); or
  - (d) an interim court order placing the child in the care of the prospective adoptive parent pending the finalisation of an adoption order in respect of that child;
  - (e) details of a valid bank account, in the form of UI 2.8; and
  - (f) remuneration received by the employee whilst still in employment, in the form of UI 2.7."

# Insertion of regulation 5B in the Regulations

- **3.** The following regulation is hereby inserted after regulation 5A of the Regulations:
- "Application for commissioning parental benefit in terms of section 29B of the Act
- **5B** (1) An application for commissioning parental benefits in terms of section 29B of the Act must be made at an employment office and must be in the form of a complete UI 2.9.
- (2) An applicant for commissioning parental benefits, when making the application must submit -
- (a) an identity document;
- (b) a surrogate motherhood agreement in terms of the Children's Act, 2005 ( Act No. 38 of 2005 );

- (c) details of a valid bank account in the form of UI 2.8;
- (d) remuneration received by the employee whilst still in employment, in the form of UI 2.7; and
- (e) birth certificate of the child with full details of parents."

# Amendment of regulation 6 of the Regulations

- **4.** Regulation 6 of the Regulations is hereby amended by the insertion of the\_following paragraph after paragraph (e) of sub-regulation (2):
- "(f) interim court order placing the child in the care of the prospective adoptive parent pending the finalisation of an adoption order in respect of that child."

### Amended forms

**5.** Forms 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 19 and 53 are hereby substituted for the evenly numbered forms in the Annexure.

### **New forms**

**6.** Forms 2.1P; 2.2P; 2.3P; 2.4P; 2.9P; 2.12P; 2.9; and 2.12

# Short title

7. These regulations are called the Unemployment Insurance Act Amendment Regulations, 2019 and shall come into operation as follows:

Regulation 5A of the Amendment Regulations will come into operation on date of publication

Regulations 5B and 6(f) of the Amendment Regulations will come into operation from 01 April 2020

No. 42821 **7** 

UI-2.12P

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED APPLICATION FOR PAYMENT OF COMMISSIONING PARENTAL BENEFITS IN TERMS OF REGULATION 6(3)

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

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**UI-2.7** 

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED REMUNERATION RECEIVED BY THE EMPLOYEE WHILST STILL IN EMPLOYMENT

The Claims Officer To: Statement in respect of payment made to the undermentioned Contributor who is still in my employment but is unable to work due to Illness; Maternity leave; Adoption Leave, Commissioning Parental leave, Parental leave or is on Reduced Working Time (RWT) Full names of contributor: Identity Document. Name of Employer: \_\_\_ Employers UIF Reference No. In terms of section 5(1)b, 19(1), 24(2), 26A(1), 27(3) and 29A(1) of the abovementioned Act, (A) I hereby certify that the contributor would receive less than 100% of his/her remuneration as from \_\_\_\_\_ / \_\_\_\_ (full date) due to: Parental Commissioning Illness Maternity Adoption Reduced Leave Parental leave Leave Leave Leave working (SURROGACY) time Periods during which different rates of remuneration were received while on leave/RWT Gross remuneration received whilst (TO BE INDICATED IN CALANDER MONTHS) on leave/RWT (Per month) То From From То From To From То То From From То То From From To From То The contributor is expected to/has resumed full working hours on \_\_\_\_\_/\_\_\_\_/\_\_\_ (B) EMPLOYER STAMP (if available) SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

DATE:\_\_\_\_/ \_\_\_\_\_/

Date Received:

UI-2.9P

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED APPLICATION FOR PAYMENT OF PARENTAL BENEFITS IN TERMS OF REGULATION 6(3)

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# UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED

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. **UI-2.1** In the event of an overpayment occurring as a result of any application I have submitted, I undertake that I will refund the full amount to the Fund. DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE STAMP I declare that I am / was unemployed/ I am working reduced hours from In the event of my application being successful, the Claims Officer will APPLICATION FOR UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(1) - Read with Regulation 3(1) and 12(1) B Code /Telephone No. Fax number IMPORTANT: READ THIS SECTION BELOW authorise the payment of benefits. Cell No. Date UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED Female ABOVE GRADE 12 8 N 2 8 Application refused in terms of Claims Officer (please print) Surname Yes Yes Yes GRADE 12 Code Claim approved from Code E-Mail Address ONLY APPLICABLE TO REDUCED WORK TIME APPLICANTS Gender Male Signature 2. Are / Were you on Reduced Work Time? 3. Has your employer completed a UI-2.7? Oate of Birth (dd/mm/yy) 1. Are you currently employed? SIGNATURE OF OFFICIAL GRADE 10 - 11 Details of previous application if Identity Document differs to current. GRADE 8-9 No ν̈́ FURTHER REQUIREMENTS (NOT MANDATORY TO REDUCED DATE: Yes Yes I declare that the above information is true and correct. SIGNATURE OF APPLICANT a) Name and ID No under which you applied: Are you registered as a workseeker with a Labour If you are not capable of and available for work, WORK TIME) Are you capable and available for work? Centre established by the DOL? SPECIAL SCHOOL CERT. Residential Address BELOW GRADE 8 Identity Document Postal Address please explain: First Names Occupation Education DATE: 4 3.

Signature of applicant

**UI-2.8** 

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT

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

NB: No alterations should be made on this form Name of account holder (Full name and surname in block letters) **Identity Document** Name of Financial Institution Branch code Account number Indicate with an "X" Current account Savings account Transmission account **Dormant:** Active I declare that the abovementioned information is correct 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. Name of Bank / Post Office official Signature of Bank/ Post Office Official Bank Stamp Date: To be completed by the Applicant (Full name and surname in block letters) **Identity Document** Hereby authorise the Unemployment Insurance Commissioner/Claims Officer to pay my benefits, if approved, into the abovementioned account held at the Financial Institution, 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.

Date

APPLICATION FOR COM	UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED 41SSIONING PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and	UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED APPLICATION FOR COMISSIONING PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A (1) Read with Regulation 6(1)
Identity Number	Identity document of child	Date of Birth (dd/mm/yy)  Male  Male  Female
First name		Surname
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Residential Address		Cell No
		Code
Occupation	E-Mail Address	Fax Number
Education		
SPECIAL SCHOOL CERT.	GRADE 8-9	GRADE 12
BELOW GRADE 8	GRADE 10 - 11	ABOVE GRADE 12
Details of previous application if Identity document differs from current a) Name and Identity document under which you applied:	from current	
ARE YOU STILL EMPLOYED	YES NO	
NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED	LSO BE COMPLETED.	
IMPORTANT: READ THIS SECTION BELOW: In the event of my application being successful, the Claims Constitute fraud.	Officer will authorise the payment of benefits. I also un	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 an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund	n I submitted, I undertake that I will refund the full an	imount to the Fund.
FOR OFFICIAL USE ON	AL USE ONLY:	
I declare that the above information is true and correct.	SIGNATURE OF OFFICIAL	Claim approved from: Department of Employment and Labor
SIGNATURE OF APPLICANT		Application refused in terms of:
		Claims officer (Please Print):
Date: / /	Date:	Signature:  Date:

Date Received:

UI-2.1P

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001AS AMENDED APPLICATION FOR PAYMENT OF UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(4) READ WITH REGULATION 3

Identity Document
1. Surname:
2. Previous surname: (Only if it changed since submission of current claim)
3. First names:
4. Contact number:
IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS
5. Postal address:
6. Residential address: (If different from postal address) Postal code
7. (a) If you have commenced work indicate date:/
(b) Name of new employer: Employer Contact number:
(c) If the Reduced Work Time period has come to an end indicate the date:
> NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED
I declare that:
I am unemployed and have not been employed since I last submitted my application completed a continuation form and that I have not
received remuneration or payment in kind for any work performed without notifying the Claims Officer.  • I am on Reduced Work Time (if applicable)
• I am aware of the fact that it is an offence to complete this continuation form while I am in employment/ not on Reduced Work Time without
<ul> <li>informing the Claims Officer that I have resumed work.</li> <li>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.</li> </ul>
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Signature of applicant Date
NB! > THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.
> NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.
> IN THE EVENT OF YOU RESUMING EMPLOYMENT OR BACK TO YOUR NORMAL WORKING HOURS YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE
NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).

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UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDE	APPLICATION FOR ILLNESS BENEFITS IN TERMS OF SECTION
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AND THE RESERVED		Code	
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ARE YOU STILL EMPLOYED YES NO		MEDICAL CERTIFICATE (To be completed by a registered medical practitioner)	
NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.		am a qualified	Qualifications
		My Registration number is . I confirm that	
IMPORTANT: READ THIS SECTION BELOW:			(optional)
		This patient was not capable of performing work from/	to
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 recomplyed and understand that failure to do			Medical Practice Stamp
so will constitute fraud.		Signature Date	(if available)
In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the	I submitted, I undertake that I will refund the		
full amount to the Fund.		Tel No. Address	
Where a Proxy was appointed by Doctor or Legal Representative proof must be attached.	ative proof must be attached.		
FOR OFFICE	FOR OFFICIAL USE ONLY:		
I declare that the above information is true and correct.	SIGNATURE OF OFFICIAL	Claim approved from: De	Department of Employment and Labour
SIGNATURE OF APPLICANT		Application refused in terms of:	Опісе Матр
		Claims officer (Please Print):	
		Signature:	
Date:	Date:	Date:	

UI-2.2P

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED APPLICATION FOR PAYMENT OF ILLNESS BENEFITS IN TERMS OF SECTION 22

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# Department of Employment and Labour is under my treatment Medical Practice Stamp (If available) Office Stamp Qualifications MEDICAL CERTIFICATE (to be completed by a registered medical practitioner or midwife) gave birth / stillborn / miscarriage on Fax Number Code /Telephone No Cell No I confirm that am a qualified UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED APPLICATION FOR MATERNITY BENEFITS IN TERMS OF SECTION 25(1) Date and is pregnant. The expected due date of birth ABOVE GRADE 12 Application refused in terms of: Surname Claims officer (Please Print): My registration number is GRADE 12 Code Code Claim approved from: E-Mail Address OR I confirm that Signature Address Tel No. Date: 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 In the event of an overpayment occurring as a result of any application I submitted, I undertake that I will refund the full amount to the Fund. Date of Birth (dd/mm/yy) SIGNATURE OF OFFICIAL GRADE 10 - 11 FOR OFFICIAL USE ONLY: GRADE 8-9 Details of previous application if Identity Document differs to current Date: NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED. I declare that the above information is true and correct. NOSIGNATURE OF APPLICANT a) Name and ID No under which you applied: IMPORTANT: READ THIS SECTION BELOW: SPECIAL SCHOOL CERT. ARE YOU STILL EMPLOYED will constitute fraud. Residential Address BELOW GRADE 8 Identity Documen ostal Address First Names Occupation ducation

UI-2.3P

# UNEMPLOYMENT INSURANCE ACT 63 OF 2001AS AMENDED APPLICATION FOR PAYMENT OF MATERNITY BENEFITS IN TERMS OF SECTION 25

	Identity Document
1.	Surname:
2.	Previous surname: (Only if it changed since the submission of your current application)
3.	First names:
4.	Contact number:
	IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS
5.	Postal address:
6.	Residential address: (If different from postal address)  Postal code
7.	Date returned to work:/
	8. DECLARATION:
I d	leclare, except as stated in item 7, that I have not worked since the date of my application for maternity benefits and have not been
	titled to my normal remuneration/or will receive a portion of my normal remuneration as declared by my employer on prescribed rm UI-2.7 submitted with my application form.
	urthermore declare that the information given is true and correct. I am aware that it is an offence to willfully make a false statement.
In	the event of an overpayment occurring as a result of this application for payment I undertake that I will refund the full amount to the ind.
Fu	
Sic	gnature of applicant Date
318	gnature of appricant
NB	3: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED
NB!	<ul> <li>THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.</li> <li>NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.</li> </ul>
	> IN THE EVENT OF YOU RESUMING EMPLOYMENT YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF EMPLOYMENT
	AND LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).

<u>Date Received</u>

UI-2.4

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

	;	D	
Identity document	Identity document of child	Date of Birth (dd/mm/yy)  Gender  Male	r Female
First name		Surname	
Postal Address		Code (Telenhone No	No.
x 00 sex x x sex x 00 0		Code	
Residential Address		Cell No	
		Code	
Occupation	E-Mail Address	Fax Number	
Education			
SPECIAL SCHOOL CERT.	GRADE 8-9	GRADE 12	
BELOW GRADE 8	GRADE 10 - 11	ABOVE GRADE 12	
Details of previous application if Identity Document differs from current a) Name and Identity number under which you applied:	from current		
		1	
ARE YOU STILL EMPLOYED	YES		
NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.	SO BE COMPLETED.		
IMPORTANT: READ THIS SECTION BELOW: In the event of my application being successful, the Claims C constitute fraud.	Officer will authorise the payment of benefits. I also un	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.	d understand that failure to do so will
In the event of an overpayment as a result of any application I submitted	1 I submitted, I undertake that I will refund the full amount to the Fund	nount to the Fund.	
FOR OFFICE	FOR OFFICIAL USE ONLY:		
I declare that the above information is true and correct.	SIGNATURE OF OFFICIAL	Claim approved from:	Department of Employment and Labor Office Stamp
SIGNATURE OF APPLICANT		Application refused in terms of:	
		Claims officer (Please Print):	
		Signature:	
Date: / /	Date:/	Date:	

APPLICATION FOR DEPE	UNEMPLOYMENT INSI ENDANT'S BENEFITS BY SURVIVING	UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED  UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED  APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Regulation 7(1)	N 30 Read with Regulation 7(1)
A. PARTICULARS OF DECEASED CONTRIBUTOR:			
Identity Document	Date of Birth (dd/mm/yy)	Gender  Male Female	
First Names	Surname		Date of Death
Last Residential Address		Code	
Details of previous application if Identity Document differs to current	to current		
a) Name and ID/ passport No under which deceased applied:			
B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER	RTNER		
Identity Document	Date of Birth (dd/mm/yy)	Gender	Γ
First Names	Surname	Male Female	
Postal Address		-	Tel No
		Code	3 3
Kesidential Address		Code	Cellino
E-Mail Address			
I declare that I am one of surviving spouses or the only surviving spouse or life partner of t that I was not divorced from him/her and that information given in this document is true and correct.	surviving spouses or the only sur r and that information given in t	surviving spouses or the only surviving spouse or life partner of the abovementioned deceased contributor, r and that information given in this document is true and correct.	mentioned deceased contributor,
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.	amount to the Fund.
I understand that it is an offence to make a false statement.	nake a false statement.		
FOR	FOR OFFICIAL USE ONLY:		
I declare that the above information is true and	SIGNATURE OF OFFICIAL	Claim approved from:	Department of Employment and Labour Office Stamp
COFFECT. SIGNATIIRE OF APPLICANT		Application refused in terms of:	
		Claims officer (Please Print):	
		Signature:	
Date:	Date:/	Date:	

UI-2.6

APPLICATION FOR DEPEND	DANT'S BENEFITS BY A GUARDIAN/I REGU	UARDIAN / DEPENDANT CHILD OR NOMINATED REGULATION 7(1) AND 7(2)	OMINATED BENEFICIARY	APPLICATION FOR DEPENDANT'S BENEFITS BY A GUARDIAN / DEPENDANT CHILD OR NOMINATED BENEFICIARY IN TERMS OF SECTION 30 READ WITH REGULATION 7(1) AND 7(2)
A. PARTICULARS OF DECEASED CONTRIBUTOR:				
Identity Document	Date of Birth (dd/mm/yy)	Gender Male	Female	
First Names	Surname			Date of Death
Last Residential Address		Code		
Details of previous application if Identity Document differs from current	om current			
a) Name and Identity Document under which deceased applied:	ž.			
B. PARTICULARS OF APPLICANT:  Guardian of a minor child	nor child Dependant child	Nominated	Nominated beneficiary	
Identity Document	Date of Birth (dd/mm/yy)	Gender Male	Female	
First Names	Surname			
Postal Address		-		Tel No
Donishandtal Addaman		Code		Colinio
Kesidentia i Address		Code		CHINO
C. CHILD'S DETAILS: First Names	Surname			
Residential Address		Code		
D.NOMINATED BENEFICIARY'S DETAILS: First Names	Surname			
Residential Address		Code		
		-		
In the event of an overpayment occurring as a result of this application, I understand that it is an offence to make a false statement.	this application, I undertake that I will refund the full amount to the Fundent.	he full amount to the Fund.		
FOR OF	FOR OFFICIAL USE ONLY:			
I declare that the above information is true and correct.	SIGNATURE OF OFFICIAL	Claim approved from:		Department of Employment and Labour Office Stamp
SIGNATURE OF APPLICANT		Application refused in terms of:  Claims officer (Please Print):		
		Signature:		
Date:	Date:	Date:		

APPLICATION FC	UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED OR PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A (1)	UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED APPLICATION FOR 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 A Parental   Adoption	WISH TO APPLY FOR:    Commissioning Parental		
Identity Document	Identity Document of child	Date of Birth (dd/mm/yy)  Male  Male  Female	
First name		Surname	
Postal Address		Code/Telephone No	
		Code	
Residential Address		Code Code	
Occupation	E-Mail Address	Fax Number	
Education			
SPECIAL SCHOOL CERT.	GRADE 8-9	GRADE 12	
BELOW GRADE 8	GRADE 10 - 11	ABOVE GRADE 12	
Details of previous application if Identity Document differs from current a) Name and Identity Document under which you applied:	rom current		
ARE YOU STILL EMPLOYED	YES		
NB: 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 constitute fraud.	SO BE COMPLETED. Officer will authorise the payment of benefits. I also under	NB: 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.	that failure to do so will
In the event of an overpayment as a result of any application I submitted, I FOR OFFICIAL USE ONLY	I submitted, I undertake that I will refund the full amount to the Fund. I. USE ONLY:	unt to the Fund.	
I declare that the above information is true and correct.	ENATURE OF OFFICIAL	Claim approved from: Department	Department of Employment and Labour Office Stamp
SIGNATURE OF APPLICANT	App	Application refused in terms of:  Claims officer (Please Print):	
	Sen	Signature:	
Date:/	Date:	Date:/	