

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		
													<div style="display: flex; justify-content: space-between;"> Male Female </div>		
First Names										Surname					
Postal Address										Code		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 <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Yes</div> <div style="border: 1px solid black; padding: 2px 5px;">No</div> </div>	1. Are you currently employed	<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> <p>SIGNATURE OF APPLICANT: _____</p> <p>Date: ____/____/____</p>	
	2. Are / Were you on Reduced Work Time: _____		<div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Yes</div> <div style="border: 1px solid black; padding: 2px 5px;">No</div> </div>
	3. Has your employer completed a UI-2.7?		<div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Yes</div> <div style="border: 1px solid black; padding: 2px 5px;">No</div> </div>
2. Are you capable and available for work? <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Yes</div> <div style="border: 1px solid black; padding: 2px 5px;">No</div> </div>			
3. If you are not capable of and available for work, please explain: _____			
Signature of applicant: _____			

Signature of Official Date: ____/____/____			Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____			OFFICE STAMP		
COMPLETE	YES	NO						