

**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	Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Are you currently employed	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p><b>I declare that I am/ was unemployed/ I'm working reduced hours</b>  <b>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.</b></p> <p><b>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.</b></p> <p><b>I declare that the above information is true and correct.</b></p> <p><b>SIGNATURE OF APPLICANT:</b> _____</p> <p><b>Date:</b> ____/____/____</p>
2. Are you capable and available for work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Are / Were you on Reduced Work Time: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. If you are not capable of and available for work, please explain: _____		3. Has your employer completed a UI-2.7? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature of applicant: _____				

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