## UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR MATERNITY BENEFITS IN TERMS OF SECTION 25(1) - Read with Regulation 5(1) and 5(4)

13 Digit Bar-Coded Identity Document/Passport Number	Date of Birth (dd/mm/yy)	Gender
		Female 0
First Names		Surname
Postal Address		Code /Telephone No
		Code
Residential Address		Cell No
ACSIGNICAL AUGUSS		Code
	0.01	
Occupation	Occ. Code E-Mai	ail Address Fax Number
Method of Payment		
Use the UI-2.8 form for Banking Details		PAYPOINT
CHEQUE BANK TRANSFER	OTHER	
Details of previous application		
a) Name and ID No under which you applied:		b) Date of Application:/ c) Office of application:
ARE YOU STILL EMPLOYED YES NO	SOURCES OF OTHER INCOME (mar	rk Y were applicable)  MEDICAL CERTIFICATE (to be completed by a medical practitioner or registered
NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE	midwife)	
COMPLETED.	1. Monthly Pension from State (Excluding D	
	Benefit from Compensation Fund for temp disablement	porary or total I,am a qualified
DATE OF COMMENCEMENT OF MATERNITY LEAVE:/	Benefits from an Unemployment Fund esta	Qualifications My practice number is
IF YOU HAVE RETURNED TO WORK, STATE DATE:/	bargaining or statutory council	
IF TOU HAVE RETURNED TO WORK, STATE DATE.	4. NONE	I confirm that is under my treatment and is pregnant. The expected
IMPORTANT: READ THIS SECTION BELOW:	If applicable mark X on 1-4:	due date of birth is
TO 11 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	William did a series de la companya	OR
If your application is successful the claims officer will authorise the payment of benefits. You must also inform the claims officer	When did you begin to receive this income?	I confirm that gave birth on \ The baby was stillborn
as soon as you resume employment I declare that the above	Do you continue to receive this income?	on \ the patient had a miscarriage on
information is true and correct. I understand that it is an offence	Do you continue to receive this income:	on \ the platest that a instantage on
to make a false statement.	If you no longer receive this income when did it c	Signature Date Tel No
	If you no tonger receive this income when that it c	Address
SIGNATURE OF APPLICANT:	DATE:	Addition
FOR OFFICIAL USE ONLY		OFFICE STAMP
DOCUMENTS/INFORMATION SUBMITTED	Signature of Official	Claim approved from:
1. UI-19 (If Applicable) 8. Telephonic Verification		Application refused in terms of:
2. Certified Copy of ID Contact Person	REMUNERATION/SALARY	Claims officer (Please Print):
3. Payslips	Gross pay Payment Frequ	quency
Proof of banking details - UI-2.8      UI-2.7 (If Applicable)  Designation:	(before deductions) (PW or PM	Signature:
6. SARS Number: Tel. No.:		Deter
		Date: