

(1 April 2020 – to date)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

(Government Notice 88 in Government Gazette 23064 dated 28 January 2002. Commencement date: 1 April 2002 [Proc. No. R27, Gazette No. 23283])

PUBLICATION OF REGULATIONS IN TERMS OF SECTION 54 OF THE UNEMPLOYMENT INSURANCE ACT, 2001

Government Notice R400 in Government Gazette 23283 dated 28 March 2002. Commencement date: 1 April 2002.

as amended by:

Government Notice R363 in Government Gazette 25033 dated 12 March 2003. Commencement date: 1 April 2003.

Government Notice 536 in Government Gazette 26291 dated 23 April 2004. Commencement date: 1 May 2004.

Government Notice R823 in Government Gazette 27891 dated 10 August 2005. Commencement date: 1 August 2005.

Government Notice R948 in Government Gazette 32614 dated 5 October 2009. Commencement date: 5 October 2009 – unless otherwise indicated

Government Notice R1434 in Government Gazette 42140 dated 28 December 2018. Commencement date: 28 December 2018.

Government Notice R1421 in Government Gazette 42821 dated 4 November 2019. Commencement date (excluding regulations 5B and 6(f)): 4 November 2019.

Government Notice R173 in Government Gazette 43023 dated 14 February 2020. Commencement date: 14 February 2020.

Government Notice R1421 in Government Gazette 42821 dated 4 November 2019. Commencement date of regulations 5B and 6(f): 1 April 2020.

Under section 54 of the Unemployment Insurance Act, 2001 (Act No. 63 of 2001), I MEMBATHISI MPHUMZI SHEPHERD MDLADLANA, Minister of Labour, hereby publish Regulations and forms in the *Government Gazette* which will come into operation with effect from 1 April 2002.

Prepared by:

(Signed)

MINISTER OF LABOUR

DEPARTMENT OF LABOUR

UNEMPLOYMENT INSURANCE ACT

REGULATIONS

The Minister of Labour has, under section 54 of the Unemployment Insurance Act, 2001 (Act 63 of 2001), made the Regulations set out in the Schedule hereto.

SCHEDULE

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FORMS

1. In these Regulations, unless the context otherwise indicates-

"Act" means the Unemployment Insurance Act, 2001 and any word or expression to which a meaning has been assigned in the Act, has that meaning;

"Annexure" means an Annexure to these Regulations;

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"certificate of service" means a certificate of service in terms of section 42 of the Basic Conditions of Employment Act, 1997 (Act no. 75 of 1997);

"identity document" means a 13 digit bar-coded RSA identity document and or *[sic]* an RSA bar-coded passport, and includes valid foreign identity documents and passports, as well as permits and other identifying documents contemplated in or issued in terms of the Refugees Act, 1998 (Act No. 130 of 1998);

(Definition of "identity document" amended by regulation 2 of Government Notice R948 in Government Gazette 32614 dated 5 October 2009 with retrospective effect from 1 April 2002)

(Definition of "identity document" substituted by regulation 2 of Government Notice R173 in Government Gazette 43023 dated 14 February 2020)

"life partner" means any major person who is a party to the opposite sex or same sex relationship with another major person, which relationship must be intended to be permanent, exclude any other person and involve cohabitation, an obligation of mutual emotional support between the parties and a reciprocal obligation to support one another financially in circumstances where the one has the means to do so and the other requires such support in order to maintain, without recourse to the Public funds, his or her financial and social standing and standard of living.

(Definition of "life partner" inserted by regulation 3 of Government Notice R948 in Government Gazette 32614 dated 5 October 2009)

"official" means a claims officer or an agent or official appointed in terms of section 58(9) of the Act to assist in administering the Act.

"small enterprise" means a small enterprise contemplated in section 1 of the National Small Enterprise Act, 1996 (Act No. 102 of 1996).

(Definition of "small enterprise" inserted by regulation 2 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

2. Proof of identity

- (1) An official must require an applicant for benefits or for the payment of any amount in terms of the Act to produce an identity document, but may not retain the document.
- (2) No claim for benefits may be processed and no benefits may be paid, unless the applicant has produced an identity document in terms of sub-regulation (1).

3. Reduced working time benefits in terms of section 12(1B) of the Act

(1) The income derived from continued employment contemplated in section 12(1B) of the Act plus the amount of benefits calculated, may not exceed the benefits that would have been paid if the contributor had become wholly unemployed.

(2) Reduced working time benefits must be calculated based on the remuneration of the contributor.

(Regulation 3 repealed by regulation 4 of Government Notice R948 in Government Gazette 32614 dated 5 October 2009 with retrospective effect from 1 April 2002)

(Regulation 3 inserted by regulation 3 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

4. Illness benefits in terms of section 22 of the Act

(1) An application for illness benefits in terms of section 22 of the Act must be made at an employment office by submitting a completed UI 2.2.

(2) A contributor must, when applying for benefits or as soon thereafter as possible, submit -

- (a) an identity document;
- (b) if the applicant's employment has been terminated, a certificate of service;
- (c) details of a valid bank account.

(3) An official may authorise any person to submit a claim on behalf of an applicant for illness benefits who is unable to apply personally. The official must require that person to submit satisfactory proof of their identity and that they have been authorised to apply on behalf of the applicant.

(4) A contributor who has applied for illness benefits in terms of section 22 must complete a declaration in the form of UI 3 covering each period for which benefits are claimed.

(5) An application for illness benefits in terms of section 22 of the Act must be accompanied by medical certificates on UI 2.2, completed and signed by a medical practitioner, chiropractor or homeopath who has treated the applicant.

(6)

- (a) An official may require an applicant to be examined by a medical practitioner, chiropractor or homeopath nominated by the official.
- (b) The Unemployment Insurance Fund must pay the costs of a medical examination in terms of paragraph (a).

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- (7) Illness benefits may be paid for any medically recognisable disease, symptom or condition which prevents the applicant from working.
- (8) In terms of section 20(1)(b) of the Act, illness benefits may only be paid in cases of alcoholism or drug dependence for the period during which a person is admitted to and undergoes treatment at a registered rehabilitation centre or psychiatric hospital.
- (9) A contributor whose application for illness benefits has been approved, may be paid benefits in respect of any period approved by an official in terms of the Act.

5. Maternity benefits in terms of section 25 of the Act

- (1) An application for maternity benefits in terms of section 25 of the Act must be made at an employment office and must be in the form of a complete UI 2.3.
- (2) An applicant for maternity benefits, when making the application or as soon thereafter as possible, must submit -
 - (a) an identity document;
 - (b) if the employee's services have been terminated, a certificate of service;
 - (c) details of a valid bank account.
- (3) A contributor who has applied for benefits in terms of section 25 must submit a declaration in the form of UI 4 covering each period for which maternity benefits are claimed.
- (4) An application for maternity benefits must be accompanied by a medical certificate on UI 2.3 completed and signed by a medical practitioner or registered midwife who has examined the applicant.
- (5)
 - (a) An official may require an applicant to be examined by a medical practitioner nominated by the official.
 - (b) The Unemployment Insurance Fund must pay the costs of a medical examination required in terms of sub-section (a).
- (6) A contributor who applies for maternity benefits before the birth of her child, if required by the claims officer, must submit a notification and declaration of birth on form UI 4 completed by herself and a medical practitioner or registered midwife.

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(7) A contributor whose application for maternity benefits has been approved may be paid benefits in respect of any period approved by an official in terms of the Act.

5A. Application for parental benefits in terms of section 26B of the Act

(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.

(Regulation 5A inserted by regulation 2 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

5B. Application for commissioning parental benefit in terms of section 29B of the Act

(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.

(Regulation 5B inserted by regulation 3 of GNR 1421 of 2019 with effect from 1 April 2020)

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6. Adoption benefits in terms of section 28 of the Act

- (1) An application for adoption benefits in terms of section 28 of the Act must be lodged at an employment office by submitting a completed UI 2.4.
- (2) A contributor who has applied for adoption benefits must when making the application, or as soon thereafter as possible, submit -
 - (a) an identity document;
 - (b) if the employee's services have been terminated, a certificate of service;
 - (c) details of a valid bank account;
 - (d) a certified copy of the birth certificate of the child; and
 - (e) a certified copy of the order of adoption.
 - (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.

(Regulation 6(2)(f) inserted by regulation 4 of GNR 1421 of 2019 with effect from 1 April 2020)

- (3) A contributor who has applied for adoption benefits in terms of section 28 must submit to the official a declaration in the form of UI 5 covering each period for which adoption benefits are claimed.
- (4) A contributor whose application for adoption benefits has been approved may be paid benefits in respect of any period approved by the official in terms of the Act.

7. Dependant's benefits in terms of section 31 of the Act

- (1) An application for dependant's benefits must be made at an employment office by submitting-
 - (a) in the case of a surviving spouse or life partner, a completed UI 2.5, or
 - (b) in the case of a child, a completed UI 2.6.
- (2) An application for dependant's benefits, when applying or as soon thereafter possible, must submit -
 - (a) the identity documents of both the deceased and the applicant;
 - (b) details of a valid bank account;

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- (c) a certified copy of a death certificate, post-mortem certificate or burial order of the deceased contributor;
- (d) in the case of a surviving spouse, a certified copy of a marriage certificate or customary union certificate;
- (e) in the case of a surviving life partner, proof that the applicant is the surviving life partner of the deceased contributor;
- (f) in the case of a child under the age of 21 years at the time of death of the deceased contributor, a certified copy of the birth certificate of the child and documentary proof of the child's relationship to the deceased;
- (g) in the case of a child who was 21 years or older at the time of death of the deceased, documentary proof that the child is a learner or was wholly or mainly dependant upon the deceased.

(3)

- (a) A contributor may nominate a beneficiary in terms of section 30(2A) of the Act by submitting the nomination form UI 53 to the Fund immediately on commencement of employment.
- (b) A contributor may change the nomination at any time by submitting a new nomination on form UI 53.
- (c) If a contributor did not in terms of paragraph (a), complete a nomination form at the commencement of new employment, the Fund must accept as valid, a nomination form completed at the previous employer.

(Regulation 7(3) added by regulation 4 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

8. Appeals in terms of section 37(1) of the Act.

- (1) An appeal against a decision of the Commissioner or a claims officer in terms of section 37(1) must be made by submitting a completed UI 12 by hand or registered post to the Regional Appeals Committee at the respective Labour Centres of the Department of Labour.

(Regulation 8(1) substituted by regulation 4 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

- (2) An appeal must be lodged within 90 days of the decision appealed against.
- (3) The Regional Appeals Committee may require the appellant to submit any further information that it considers necessary to deal with the appeal.

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(Regulation 8(3) amended by regulation 5 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

(4) The Appeals Committee must notify the appellant in writing within 30 days of its decision.

9. Referral to arbitration in terms of section 37(2) of the Act

(1) A person who is dissatisfied with the decision of the Regional Appeals Committee may refer the matter to the National Appeals Committee for final decision in terms of section 37(2) by submitting a completed UI 13 to 94 Church Street, Pretoria, 0001, or registered post to Unemployment Insurance Fund, Pretoria, 0052 or by telefax to (012) 337-1893.

(Regulation 9(1) substituted by regulation 6 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

(2)

(Regulation 9(2) deleted by regulation 7 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

(3) The National Appeals Committee may at any time permit a person to refer a dispute after the time limit in sub-regulation (1), on good cause shown.

(Regulation 9(3) amended by regulation 8 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

(4)

(Regulation 9(4) deleted by regulation 9 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

(5)

(Regulation 9(5) deleted by regulation 10 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

10.

(Regulation 10 repealed by regulation 5 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

11.

(Regulation 11 repealed by regulation 5 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

12.

(Regulation 12 repealed by regulation 5 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

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13. Providing information in terms of section 56

- (1) An employer must, within seven days of the end of the month in which it commences activities as an employer, submit a completed declaration, UI 19 to the Commissioner.
- (2) Every employer must provide the Commissioner with all information in terms of sections 56(2) or (3) of the Act and must do so by submitting declarations of their employees electronically or by completing form UI 19.
- (3) Any information submitted to the Commissioner in terms of sub-regulations (1) and (2) must be submitted to the Unemployment Insurance Fund, 230 Lillian Ngoyi Street; ABSA Building, Pretoria, 0001 or to Private Bag x 0052, Pretoria, 0001
- (4) Domestic and small enterprise employers may declare employees and pay contributions annually provided that the contributor's services are not terminated, in which case, the declaration must be done upon termination.

(Regulation 13 substituted by regulation 6 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

14. Transitional Provisions

- (1) Any claim for benefits made against the Fund on or after 1 April 2002 must be dealt with in terms of the Act.
- (2) For the purposes of sub-regulation (1) -
 - (a) an application for unemployment benefits is made on the day that the contributor applies for benefits at an employment office in terms of section 17(1) of the Act;
 - (b) an application for illness, maternity, adoption or dependant's benefits is made on the date that application is made at an employment office or, if application is made by post, the date the application is received at an employment office.
- (3) An application for maternity benefits in respect of a childbirth that occurred on or before 31 March 2002 must be made within six months of the childbirth.
- (4) An application for dependant's benefits in respect of a contributor in terms of the Unemployment Insurance Act, 1966 who died prior to 1 April 2002 must be made within six months of the death of the contributor except that, on good cause shown, the Commissioner may accept an application after the six-month period.

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- (5) Sub-regulation (4) does not apply to a claim for defendant's benefits made more than three years after the death of the contributor.
- (6) Subject to sub-regulation (7), any entitlement to benefits that accrued to a contributor in terms of the Unemployment Insurance Act, 1966 is deemed to have accrued in terms of the Act.
- (7) Any contributor who on 31 March 2002 had accrued an entitlement of more than 238 days benefits is deemed to have an entitlement of 238 days benefits with effect from 1 April 2002.
- (8) A contributor who was not a contributor in terms of the Unemployment Insurance Act, 1966 is deemed to have commenced employment as a contributor on 1 April 2001.
- (9) Sub-regulation (8) does not apply to a contributor who was not in employment as a contributor on 1 April 2002.

15. Commencement

These Regulations come into operation on 1 April 2002.

Prepared by:

FORMS

UI-1

**REGISTER TO CONFIRM CONTINUED UNEMPLOYMENT AND CONTINUED CAPACITY AND
AVAILABILITY FOR WORK IN TERMS OF SECTION 17(4)(d) - READ WITH REGULATION 3(3)**

Please note that Form UI-1 is no longer in use

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UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(1) – Read with Regulation 3(1) and 12(1) B

Identity Document	Date of Birth (dd/mm/yy)	Gender									
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>									
First Names	Surname										
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>										
Postal Address	Code /Telephone No.										
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black; text-align: center; vertical-align: middle;" type="text"/> Code	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>									
Residential Address	Cell No.										
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Occupation	E-Mail Address										
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Education	Fax number										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">SPECIAL SCHOOL CERT.</td> <td style="width: 33%;">GRADE 8-9</td> <td style="width: 33%;">GRADE 12</td> </tr> <tr> <td><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>BELOW GRADE 8</td> <td>GRADE 10 - 11</td> <td>ABOVE GRADE 12</td> </tr> </table>	SPECIAL SCHOOL CERT.	GRADE 8-9	GRADE 12	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	BELOW GRADE 8	GRADE 10 - 11	ABOVE GRADE 12		
SPECIAL SCHOOL CERT.	GRADE 8-9	GRADE 12									
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BELOW GRADE 8	GRADE 10 - 11	ABOVE GRADE 12									

Details of previous application if Identity Document differs to current.

a) Name and ID No under which you applied:

FURTHER REQUIREMENTS (NOT MANDATORY TO REDUCED WORK TIME)	ONLY APPLICABLE TO REDUCED WORK TIME APPLICANTS	IMPORTANT: READ THIS SECTION BELOW:
1. Are you registered as a workseeker with a Labour Centre established by the DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are you currently employed?	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. Has your employer completed a UI-2.7?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		I declare that I am / was unemployed/ I am working reduced hours from _____ (indicate 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 or receiving "full/normal pay" and understand that failure to do so will constitute fraud. 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.

I declare that the above information is true and correct. SIGNATURE OF APPLICANT <hr/>	SIGNATURE OF OFFICIAL <hr/>	Claim approved from _____ Application refused in terms of _____ Claims Officer (please print) _____ Signature _____ Date _____	DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE STAMP
DATE: _____ / _____ / _____	DATE: _____ / _____ / _____		

(Form UI-2.1 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.1 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

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

Identity Document

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<p>1. Surname:</p> <p>2. Previous surname: <i>(Only if it changed since submission of current claim)</i></p> <p>3. First names:</p> <p>4. Contact number:</p> <p style="text-align: center;"><u>IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS</u></p> <p>5. Postal address:</p> <p>6. Residential address: <i>(If different from postal address)</i> Postal code</p> <p>7. (a) If you have commenced work indicate date: _____ / _____ / _____</p> <p>(b) Name of new employer: _____ Employer Contact number: _____</p> <p>(c) If the Reduced Work Time period has come to an end indicate the date: _____ / _____ / _____</p> <p>➤ NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED</p> <p>I declare that :</p> <ul style="list-style-type: none"> • 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 <i>(if applicable)</i> • 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 informing the Claims Officer that I have resumed work. • 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. <p>_____ Signature of applicant</p> <p>_____ Date</p> <p>NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.</p> <p>➤ NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.</p> <p>➤ 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).</p>											

Date Received:	
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(Form UI-2.1P inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR ILLNESS BENEFITS IN TERMS OF SECTION 22(1)

Identity Document	Date of Birth (dd/mm/yy)	Gender
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> Male <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> Female <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
First Names	Surname	
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
Postal Address	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	Code /Telephone No
Residential Address	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	Cell No
Occupation	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	E-Mail Address <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Education	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
<input style="width: 150px; height: 20px; border: 1px solid black;" type="checkbox"/> SPECIAL SCHOOL CERT. <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 150px; height: 20px; border: 1px solid black;" type="checkbox"/> GRADE 8-9 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 150px; height: 20px; border: 1px solid black;" type="checkbox"/> GRADE 12 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 150px; height: 20px; border: 1px solid black;" type="checkbox"/> BELOW GRADE 8 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 150px; height: 20px; border: 1px solid black;" type="checkbox"/> GRADE 10 - 11 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 150px; height: 20px; border: 1px solid black;" type="checkbox"/> ABOVE GRADE 12 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

Details of previous application if Identity Document differs to current

a) Name and ID No under which you applied: ARE YOU STILL EMPLOYED YES NO

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.

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.

MEDICAL CERTIFICATE (To be completed by a registered medical practitioner)

I, _____ am a qualified _____ Qualifications _____

My Registration number is _____. I confirm that _____

is suffering from _____ (optional)

This patient was not capable of performing work from _____ / _____ / _____ to _____ / _____ / _____

Signature _____ Date _____

Medical Practice Stamp
(if available)

Tel No. _____ Address _____

Where a Proxy was appointed by Doctor or Legal Representative proof must be attached.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT	SIGNATURE OF OFFICIAL	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____ / _____ / _____	Department of Employment and Labour Office Stamp
Date: / /	Date: / /		

(Form UI-2.2 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.2 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

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

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: _____ / _____ / _____

I declare, except as stated in item 7, that I have not worked since the date of my application for illness benefits and have not been entitled to my normal remuneration or will receive a portion of my normal remuneration as declared by my employer on 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.

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 Fund.

 Signature of applicant /Proxy Date _____ / _____ / _____

NB: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED

Where the forms are signed by a Proxy attach proof of appointment.

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 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).

MEDICAL CERTIFICATE (To be completed by a registered medical practitioner.)

I, _____ am a qualified _____
 qualifications _____ My registration number is _____.

I confirm that _____ is suffering from _____

This patient was not capable of performing work from _____ to _____

Signature: _____ Date: _____ Tel No. _____

Address: _____

Date Received

Medical Practice Stamp (if available)

(Form UI-2.2P inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR MATERNITY BENEFITS IN TERMS OF SECTION 25(1)

Identity Document	Date of Birth (dd/mm/yy)	
<input style="width: 100%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>	<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>	<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>
First Names	Surname	
<input style="width: 100%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>		
Postal Address	Code	<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>
<input style="width: 100%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>	Code	<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>
Residential Address	Code	<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>
<input style="width: 100%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>	E-Mail Address	<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>
Occupation		
<input style="width: 100%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>		
Education		
<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/> SPECIAL SCHOOL CERT. <input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>	<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/> GRADE 8-9 <input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>	<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/> GRADE 12 <input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>
<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/> BELOW GRADE 8 <input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>	<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/> GRADE 10 - 11 <input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>	<input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/> ABOVE GRADE 12 <input style="width: 10%; height: 1.2em; border: 1px solid black; border-collapse: collapse; font-size: 0.8em; margin-bottom: 0.5em;" type="text"/>

Details of previous application if Identity Document differs to current.

a) Name and ID No under which you applied:

ARE YOU STILL EMPLOYED YES NO

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.

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.

MEDICAL CERTIFICATE (to be completed by a registered medical practitioner or midwife)

I, _____ am a qualified _____. Qualifications _____

My registration number is _____. I confirm that _____ is under my treatment and is pregnant. The expected due date of birth is _____.

OR

I confirm that _____ gave birth / stillborn / miscarriage on _____.

Signature _____ Date _____

Tel No. _____

Address _____

Medical Practice Stamp
(If available)

FOR OFFICIAL USE ONLY:			
I declare that the above information is true and correct. SIGNATURE OF APPLICANT	SIGNATURE OF OFFICIAL	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____ / _____ / _____	Department of Employment and Labour Office Stamp
Date: _____ / _____ / _____	Date: _____ / _____ / _____		

(Form UI-2.3 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.3 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS 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 declare, except as stated in item 7, that I have not worked since the date of my application for maternity benefits and have not been entitled to my normal remuneration/or will receive a portion of my normal remuneration as declared by my employer on 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. 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 Fund.

Signature of applicant _____

_____/_____/_____
Date

NB: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED

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 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).

Date Received _____

(Form UI-2.3P inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

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

Identity document	Identity document of child	Date of Birth (dd/mm/yy)	Gender
			Male Female
First name	Surname		
Postal Address	Code /Telephone No		
Residential Address	Code	Cell No	
Occupation	E-Mail Address	Fax Number	
Education			
<i>SPECIAL SCHOOL CERT.</i>		GRADE 8-9	
BELOW GRADE 8		GRADE 10 - 11	
		GRADE 12	
		ABOVE GRADE 12	

Details of previous application if Identity Document differs from current

a) Name and Identity number under which you applied:

ARE YOU STILL EMPLOYED?

YES

NC

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.

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.

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY			
<p>I declare that the above information is true and correct. SIGNATURE OF APPLICANT</p>		<p>SIGNATURE OF OFFICIAL</p>	<p>Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____ / _____ / _____</p>
<p>Date: _____ / _____ / _____</p>		<p>Department of Employment and Labour Office Stamp</p>	

(Form UI-2.4 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.4 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

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

Identity Document

--	--	--	--	--	--	--	--	--	--	--	--

1. Surname:

--	--	--	--	--	--	--	--	--	--	--	--

2. Previous surname: *(Only if it changed since 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. If you have commenced work indicate date: _____ / _____ / _____

> NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED

I declare that :

I declare, except as stated in item 7, that I have not worked since the date of my application for adoption benefits and have not been entitled to my normal remuneration/or will receive a portion of my normal remuneration as declared by my employer on 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. 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.

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 IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION.

Date Received

(Form UI-2.4P inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:

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)

A. PARTICULARS OF DECEASED CONTRIBUTOR:

<i>Identity Document</i> <input type="text"/>	<i>Date of Birth (dd/mm/vy)</i> <input type="text"/>	<i>Gender</i> Male <input type="checkbox"/> Female <input type="checkbox"/>
<i>First Names</i> <input type="text"/>	<i>Surname</i> <input type="text"/>	<i>Date of Death</i> <input type="text"/>
<i>Last Residential Address</i> <input type="text"/>		<i>Code</i> <input type="text"/>
<i>Details of previous application if Identity Document differs to current</i> <input type="text"/>		
a) <i>Name and ID/passport No under which deceased applied:</i> <input type="text"/>		

B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER

<i>Identity Document</i>	<i>Date of Birth (dd/mm/yy)</i>	<i>Gender</i>
		Male Female
<i>First Names</i>	<i>Surname</i>	
<i>Postal Address</i>		<i>Tel No</i>
	Code	
<i>Residential Address</i>		<i>Cell No</i>
	Code	
<i>E-Mail Address</i>		

I declare that I am one of _____ surviving spouses or the only surviving spouse or life partner of the abovementioned deceased contributor, that I was not divorced from him/her and that information given in this document is true and correct.

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.

I understand that it is an offence to make a false statement.

FOR OFFICIAL USE ONLY:

<p>I declare that the above information is true and correct.</p> <p>SIGNATURE OF APPLICANT</p> <p>Date: _____ / _____ / _____</p>	<p>SIGNATURE OF OFFICIAL</p> <p>Date: _____ / _____ / _____</p>	<p>Claim approved from: _____</p> <p>Application refused in terms of: _____</p> <p>Claims officer (Please Print): _____</p> <p>Signature: _____</p>	<p>Department of Employment and Labour Office Stamp</p>
--	--	---	---

(Form UI-2.5 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.5 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
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
<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
First Names	Surname	Date of Death
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Residential Address		
<input type="text"/> <input type="text"/>		
Details of previous application if Identity Document differs from current		
a) Name and Identity Document under which deceased applied:		

B. PARTICULARS OF APPLICANT:

Identity Document	Date of Birth (dd/mm/yy)	Gender
<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
First Names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>	Tel No <input type="text"/>
Residential Address	<input type="text"/>	Cell No <input type="text"/>
C. CHILD'S DETAILS:		
First Names	Surname	
<input type="text"/>	<input type="text"/>	
Residential Address	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
D. NOMINATED BENEFICIARY'S DETAILS:		
First Names	Surname	
<input type="text"/>	<input type="text"/>	
Residential Address	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.
 I understand that it is an offence to make a false statement.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT	SIGNATURE OF OFFICIAL	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: / /	Department of Employment and Labour Office Stamp
Date: _____ / _____ / _____	Date: / /		

(Form UI-2.6 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.6 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

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

To: The Claims Officer

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. / / / /

(A) In terms of section 5(1)b, 19(1), 24(2), 26A(1), 27(3) and 29A(1) of the abovementioned Act, I hereby certify that the contributor would receive less than 100% of his/her remuneration as from _____ / _____ / _____ (full date) due to:

Parental Leave		Commissioning Parental leave (SURROGACY)		Illness Leave		Maternity Leave		Adoption Leave		Reduced working time	
----------------	--	--	--	---------------	--	-----------------	--	----------------	--	----------------------	--

Periods during which different rates of remuneration were received while on leave/RWT (TO BE INDICATED IN CALANDER MONTHS)				Gross remuneration received whilst on leave/RWT (Per month)	
From		To			
From		To			
From		To			
From		To			
From		To			
From		To			
From		To			
From		To			
From		To			

(B) The contributor is expected to/has resumed full working hours on _____ / _____ / _____.

 SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

DATE: _____ / _____ / _____

EMPLOYER STAMP
 (if available)

(Form UI-2.7 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.7 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:

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"

Savings account	Current account	Transmission account
-----------------	-----------------	----------------------

Dormant	Active
---------	--------

Active	Dormant
--------	---------

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

I, _____
(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.

Signature of applicant _____

Date _____

(Form UI-2.8 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:

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 APPLY FOR:

Parental	Adoption	Commissioning Parental	
Identity Document	Identity Document of child	Date of Birth (dd/mm/yy)	Gender
			Male Female
First name	Surname		
Postal Address	Code /Telephone No		
Residential Address	Cell No		
Occupation	E-Mail Address	Fax Number	
Education			
SPECIAL SCHOOL CERT.		GRADE 8-9	
BELOW GRADE 8		GRADE 10 - 11	
		GRADE 12	
		ABOVE GRADE 12	

Details of previous application if Identity Document differs from current

a) *Name and Identity Document under which you applied:*

ARE YOU STILL EMPLOYED

YES

NO

NB: IF YOU ARE STILL EMPLOYED, FORM II 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.

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.

FOR OFFICIAL USE ONLY

I declare that the above information is true and correct. SIGNATURE OF APPLICANT		SIGNATURE OF OFFICIAL	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____ / _____ / _____	Department of Employment and Labour Office Stamp
Date: _____ / _____ / _____		Date: _____ / _____ / _____	Date: _____ / _____ / _____	

(Form UI-2.9 inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:

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

Identity Document

--	--	--	--	--	--	--	--	--	--	--	--

<p>1. Surname: _____</p> <p>2. Previous surname: <i>(Only if it changed since submission of current claim)</i> _____</p> <p>3. First names: _____</p> <p>4. Contact number: _____</p> <p style="text-align: center;">IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS</p> <p>5. Postal address: _____</p> <p>6. Residential address: <i>(If different from postal address)</i> _____ Postal code _____</p> <p>7. (a) If you have commenced work indicate date: _____ / _____ / _____</p> <p>(b) Name of new employer: _____ Employer Contact number: _____</p> <p>(c) If the Reduced Work Time period has come to an end indicate the date _____ / _____ / _____</p> <p>➤ NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED</p> <p>I declare that :</p> <ul style="list-style-type: none"> • 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 <i>(if applicable)</i> • 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 informing the Claims Officer that I have resumed work. • 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. <p>_____ Signature of applicant _____ Date _____</p> <p>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).</p>											

Date Received: _____

(Form UI-2.9P inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR COMMISSIONING 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)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
First name	Surname		
<input type="text"/>	<input type="text"/>		
Postal Address	Code	Code /Telephone No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address	Code	Cell No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Occupation	E-Mail Address	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Education			
SPECIAL SCHOOL CERT. <input type="checkbox"/>	GRADE 8-9 <input type="checkbox"/>	GRADE 12 <input type="checkbox"/>	
BELOW GRADE 8 <input type="checkbox"/>	GRADE 10 - 11 <input type="checkbox"/>	ABOVE GRADE 12 <input type="checkbox"/>	

Details of previous application if Identity document differs from current

a) Name and Identity document under which you applied:

ARE YOU STILL EMPLOYED

YES

NO

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.

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.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT	SIGNATURE OF OFFICIAL	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____ / _____ / _____	Department of Employment and Labour Office Stamp
Date: / /	Date: / /		

(Form UI-2.12 inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

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

Identity document

--	--	--	--	--	--	--	--	--	--	--	--	--	--

1.	Surname:													
2.	Previous surname: <i>(Only if it changed since your current application)</i>													
3.	First names:													
4.	Contact Number													
IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS														
5.	Postal address:													
6.	Residential address: <i>(If different from postal address)</i>													Postal code
7.	If you have commenced work indicate date: _____ / _____ / _____													

➤ **NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED**

I declare that :

I declare, except as stated in item 7, that I have not worked since the date of my application for Commissioning Parents benefits and have not been entitled to my normal remuneration or will receive a portion of my normal remuneration as declared by my employer on 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. 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.

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 IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION.

Date Received

(Form UI-2.12P inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
ILLNESS BENEFITS IN TERMS OF SECTION 22

ID NO/PASSPORT.

--	--	--	--	--	--	--	--	--	--	--	--

1. Surname:

--	--	--	--	--	--	--	--	--	--	--	--

2. Previous surname: *(Only if it changed since your previous application)*

--	--	--	--	--	--	--	--	--	--	--	--

3. First names:

--	--	--	--	--	--	--	--	--	--	--	--

4. Telephone 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: _____ / _____ / _____

I declare, except as stated in item 7, that I have not worked since the date of my application for illness benefits and have not been entitled to my normal remuneration/or will receive a portion of my normal remuneration as declared by my employer on 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.

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.

Signature of applicant /Proxy

Date _____ / _____ / _____

NB: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED

Where the forms are signed by a Proxy attach proof of appointment.

NB! ➤ **THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF LABOUR OFFICE.**
 ➤ **NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.**
 ➤ **IN THE EVENT OF YOU RESUMING EMPLOYMENT YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).**

MEDICAL CERTIFICATE

(To be completed by an authorized practitioner in terms Section 20(1)(c) of Act 63 of 2003)

I, _____ am a qualified _____

qualifications _____ My registration number is _____,

I confirm that _____ is suffering from _____

This patient was not capable of performing work from _____ to _____

Signature _____ Date _____ Tel No. _____

Address _____

Date Received

(Form UI-3 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

Prepared by:

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR CONTINUATION OF PAYMENT FOR MATERNITY BENEFITS
IN TERMS OF SECTION 26

ID NO/ Passport.

1. Surname:										
2. Previous surname: <i>(Only if it changed since your previous application)</i>										
3. First names:										
4. Telephone number:										
IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS										
5. Postal address:										
6. Residential address: <i>(If different from postal address)</i>						Postal code				
7. Date returned to work:	/	/	/	/	/	/	/	/	/	/
<p>8. DECLARATION: I declare, except as stated in item 7, that I have not worked since the date of my application for maternity benefits and have not been entitled to my normal remuneration/or will receive a portion of my normal remuneration as declared by my employer on 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. 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>										
_____ Signature of applicant		_____ Date								
NB: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED										
<p>NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF LABOUR OFFICE. ➤ NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED. ➤ IN THE EVENT OF YOU RESUMING EMPLOYMENT YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).</p>										

MEDICAL CERTIFICATE (to be completed by a medical practitioner or registered midwife)										
<p>I, _____ am a qualified _____ . Qualifications _____</p> <p>My registration number is _____, I confirm that _____ is under my treatment and is pregnant.</p> <p>The expected due date of birth is _____.</p> <p>OR</p> <p>I confirm that _____ gave birth/ stillborn / miscarriage on _____.</p> <p>Signature _____ Date _____ Tel No. _____</p> <p>Address _____</p>										

Date Received

(Form UI-4 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

Prepared by:

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

ID NO/ PASSPORT:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Previous surname: *(Only if it changed since your previous application)*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. First names:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Telephone number: (a) Cell Number (b) Landline 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 of Commencement of Adoption Leave: / /

8. If you have commenced work indicate date: / /

➤ NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED

I declare that :

I declare, except as stated in Item 7, that I have not worked since the date of my application for adoption benefits and have not been entitled to my normal remuneration/or will receive a portion of my normal remuneration as declared by my employer on 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. 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.

NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF 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 LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION.

Date Received

(Form UI-5 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

Prepared by:

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
DECLARATION TO CONFIRM UNEMPLOYMENT STATUS
IN TERMS OF SECTION 17(4) READ WITH REGULATION 3

ID NO/PASSPORT

1. Surname:													
2. Previous surname: (Only if it changed since your previous application)													
3. First names:													
4. Telephone number: (a) Cell Number							(b) Landline 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:													
(c) If the Reduced Work Time period has come to an end indicate the date	/			/			/			/			
CONFIRM YOUR BANKING DETAILS (This portion to be completed by applicant and is not necessary to be completed by Financial Institute)													
Name of account holder													
Name of Financial Institution													
Branch code				Account number									
> NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED													
<p>I declare that :</p> <ul style="list-style-type: none"> • I am unemployed and have not been employed since I last 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 • 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 informing the Claims Officer that I have resumed work. • 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. 													
Signature of applicant	_____/_____/_____ Date												
<p>NB! > THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF LABOUR OFFICE.</p> <p>> NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.</p> <p>> IN THE EVENT OF YOU RESUMING EMPLOYMENT OR BACK TO YOUR NORMAL WORKING HOURS YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).</p>													

(Form UI-6A inserted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

Prepared by:

**Notice of appeal against a decision of the Commissioner
or a claims officer**

Application in terms of section 37(1) read with regulation 8(1)

A person entitled to benefits in terms of the Act may appeal against a decision of the Commissioner to suspend that person's right to benefits, or a decision of a claims officer relating to the payment or non payment of benefits. This Notice of appeal must be sent to the Appeal Committee, Unemployment Insurance Board, 94 Church Street, Pretoria, 0002.

1. Personal details

- 1.1 Name _____
- 1.2 ID number _____
- 1.3 Passport number _____
- 1.4 Residential address _____
- 1.5 Postal address _____
- 1.6 E mail address _____
- 1.7 Tel number (include the code) _____
- 1.8 Cell number _____

2. Employer details

- 2.1 Name of employer (prior to unemployment) _____
- 2.2 UIF reference number _____
- 2.3 Physical address _____
- 2.4 Postal address _____
- 2.5 E mail address _____
- 2.6 Tel number _____
- 2.7 Fax number _____

3. Decision appealed against

3.1 What decision are you appealing against?

3.2 Which body made the decision?

3.3 When was the decision made?

Prepared by:

3.4 When were you notified about the decision?

3.5 Why are you appealing against the decision?

3.6 In what respects do you think the decision is incorrect or unfair?

3.7 What outcome do you seek from this appeal?

Signature _____ Date _____

For official purposes

On the _____ the Appeal Committee decided that the appeal was

Successful

Unsuccessful because _____

Signature of chairperson _____ Date _____

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

Referral of dispute to CCMA for arbitration

Application in terms of section 37(2) read with regulation 9(1)

A person who is dissatisfied with the decision of the Appeal Committee may refer a dispute to the CCMA for arbitration within 30 days of receiving notification of the decision.

The person referring the dispute must serve it on the Commissioner by hand, registered post or fax, and then on to the CCMA (with proof of this service) in the province in which the application for benefits was considered.

1. Personal details

1.1 Surname _____

1.2 First Name _____

1.3 ID number _____

1.4 Passport number _____

1.5 UIF number (Employers reference No _____)

1.6 Residential address _____

1.7 Postal address _____

1.8 E mail address _____

1.9 Tel number (include the code) _____

1.10 Fax number (include the code) _____

2. Dispute details

2.1 What is the nature of the dispute (ie what is the dispute about)?

2.2 What factors do you think the Appeal Committee failed to consider?

2.3 What other information do you want to draw to the CCMA's attention?

2.4 What outcome do you seek from this arbitration?

3. **Documents to attach to this form:**

- 3.1 Your Notice of appeal against a decision of the Commissioner or a claims officer
- 3.2 The decision from the Appeal Committee
- 3.3 Use additional pages if required

Signature _____ Date _____

Prepared by:

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

Record of undertaking

Record of undertaking in terms of Section 38 read with Regulation 10(1)

A labour inspector may secure an undertaking from an employer who has failed to comply with certain provisions of the Act.

I (name) _____ ID No. _____

representing the employer (name of employer) _____ located _____
at (address of employer) _____

admit that the employer has failed to comply with the Act in the following respects -

The employer undertakes to rectify these acts or omissions by -

Signature of authorised employer representative

Name of labour inspector

Signature of labour inspector

Witnesses

Prepared by:

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

Receipt of payment by employer

Receipt of payment in terms of Section 38(2)(c) read with Regulation 10(2)

A labour inspector must provide a receipt in respect of payment received from an employer

I, _____ ID No _____ an inspector in the
Department of Labour, appointed in terms of the Act, acknowledge receipt of the amount
R _____ (sum also in words) _____
from _____ (employer's name) being an amount owed to
_____ in terms of section _____
of the Act 63 of 2001, and/or in terms of an undertaking dated _____
The amount was paid by (cheque / cash / other) _____

Received by: _____

Designation: _____

Date: _____

Prepared by:



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

Issue of compliance order

Issue of compliance order in terms of Section 39(1) and 39(2) read with Regulation 11

A labour inspector may issue a compliance order if he or she has reasonable grounds to believe that an employer has not complied a provision of the Act.

An employer may object to the Director-General, Labour within 30 days of receiving this order.

1. Employer details

- 1.1 Name of employer _____
- 1.2 Physical address _____

- 1.3 Postal address _____
- 1.4 E mail address _____
- 1.5 Address of each workplace _____

- 1.6 Tel number (include the code) _____
- 1.7 Fax number (include the code) _____

2. Non compliance details

- 2.1 You have failed to comply with the following section of the Act _____
- 2.2 You have failed to comply with a written undertaking in that you -

- 2.3 The extent of your non compliance is as follows:

3. The order

3.1 You are ordered to pay the Fund the amount of _____

3.2 You are ordered to take the following steps:

3.3 If you fail to comply with the above the following steps maybe taken:

Name of labour inspector _____

Signature of labour inspector _____

Date of issue _____

Date of service of compliance order to employer _____

Received by employer _____

Prepared by:

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

Objection to compliance order

Objection to compliance order in terms of section 40 read with regulation 12

An employer may object to a compliance order within 30 days of receiving the order by referring the dispute for resolution to the Director-General, Labour.

1. Employer details

- 1.1 Name of employer _____
- 1.2 Physical address _____
- 1.3 Postal address _____
- 1.4 E mail address _____
- 1.5 Tel number (include the code) _____
- 1.6 Fax number (include the code) _____

2. Objection details

- 2.1 To which portion of the compliance order do you object?

- 2.2 What is the nature of your objection?

- 2.3 Is there any other information you wish to draw to the Director's-General attention?

- 2.4 What outcome do you seek from this objection?

3. Documents

You must include:

- 3.1 The compliance order
- 3.2 Record of undertaking (if applicable)

Signature _____ Date _____

Prepared by:



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
Information about employees supplied by employer

FAX NO (012) 337-1943/1944

Information to be supplied in terms of Section 56(1) and read with Regulation 13(1)

Employers must complete this form within 7 days of commencing activities as an employer and submit it to the UI Commissioner at the UIF, PRETORIA, 0052.
PLEASE NOTE: UI-19 MUST BE COMPLETED FOR CHANGE OF INFORMATION ABOUT EMPLOYEES

1. EMPLOYER DETAILS

1.1 UIF Employer Reference No _____ Branch No _____

1.2 Name of employer:

1.3 Physical address: _____

1.4 Postal address:

1.6 PAYE Reference No. (If registered with SARS)

1.6 PAYE Reference No. (If registered with SARS)

(if different to the above address) _____ 1.7 Company Registration No: _____

1.7 Company Registration No: _____

1.8 E-mail address **1.9 Fax number** **1.10 Tel number** **1.11 Authorised person** ¹

2. EMPLOYEE DETAILS

I, _____, ID NO _____, declare that the above information is true and correct. I understand that it is an offence to make a false statement.
(Name of Employer)

EMPLOYER SIGNATURE

DATE

¹ If the employer is not resident in the RSA, or is a body corporate not registered in the RSA, an authorised person must carry out the duties of the employer in terms of this Act.

² Remuneration is defined in terms of section 1 of the Unemployment Insurance Contributions Act.

³. Frequency of salary/wage payment ie. M=Monthly, W=Weekly, D=Daily and H=Hourly

4 Total contribution = the amount payable by both employer and employee i.e. 2% X amount of column G

5 Employers may also submit these details electronically from their payrolls or on the UIF's Website at www.uif.gov.za – Telephone no (012) 337 1680.

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED

UI-19

Employer's Declaration of Employees for the month of

Information to be supplied in terms of Section 56(1&3) read with Regulation 13(1&2)

An employer must by the seventh day of each month inform the Commissioner with all the information during the previous month regarding the employer's contact details or employees remuneration details including new appointments and termination of service. The employer must forward this form to the **Unemployment Insurance Fund** at (012) 337-1943/44 or 337-1580/81/82 **or submit same at any branch of the UIF which is closest to the employer.** The completed form can also be faxed to any of the following numbers: **Pta (012) 309 5142/5286; Jhb (011) 497 3293; Dbn (031) 366 2156; Polokwane (015) 290 1670; Mmabatho (018) 384 2658; East Ldn (043) 701 3263; Blftn (051) 447 9353; CT (021) 441 8024; Wtb (013) 656 0233; PE (041) 506 5142; Gmn (011) 873 2219; George (044) 873 2568; Pmb (033) 394 5069. Or mail to: **uif.declarations@labour.gov.za****

1. EMPLOYER DETAILS

1.1 UIF Employer Reference No Branch No

1.2 PAYE Reference No (If registered with SARS) _____

1.3 Trading name of business

1.4 Physical Address

1.5 Address where employees listed in Item 2 work (if different to the address in 1.4)

1.6 Postal address

1.8 E-mail address

1.9 Fax No

2. EMPLOYEE DETAILS

2. EMPLOYEE DETAILS

I, _____ (Name of Employer), ID No _____, declare that the above information is true and correct. I understand that it is an offence to make a false statement.

EMPLOYER SIGNATURE

DATE

DESCRIPTIONS		Code	(J) Reason for Non-Contribution ***	Employer Stamp (if available)
** If the employer is not resident in the RSA, or is a body corporate not registered in the RSA, an authorised person must carry out the duties of the employer in terms of this Act.		1	Temporary employees (less than 24 hours per month)	
D* Remuneration means actual basic salary plus payment in kind (Declare actual gross salary)		2	Employees who earn commission only	
If paid Weekly, convert wages to monthly salary (weekly wages X 52/12)		3	No income paid for the payroll period	
E* Total Hours Worked ie. Actual hours worked during the month				
Employers may also submit these details electronically from payrolls or on the UIF's website at www.labour.gov.za				
* Only Applicable for Commercial employers, Domestic employers - provide Surname and initials				
**** Constructive dismissal can only be determined by the CCMA : Bargaining-Council or Labour Court				
REASON FOR TERMINATION CODES				
2 Deceased	6 Resigned	10 Illness /Medically boarded	14 Business Closed	18 Commissioning Parental
3 Retired	7 Constructive Dismissal****	11 Retrenched/Staff Reduction	15 Death of Domestic Employer	19 Parental Leave
4 Dismissed	8 Insolvency/Liquidation	12 Transfer to another Branch	16 Voluntary Severance Package	
5 Contract Expired	9 Maternity/Adoption	13 Abconded	17 Reduced Work Time	

(Form UI-19 substituted by Government Notice R823 in Government Gazette 27891 dated 10 August 2005)

(Form UI-19 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-19 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

NOMINATION FORM FOR UIF DEPENDANTS BENEFITS (PLEASE NOTE THAT NO ALTERATIONS ARE ACCEPTED ON THIS FORM)

_____, Identity Document
(Employee's full name & surname)



Currently employed at _____ UIF Ref Number _____, hereby nominate the below individual(s) indicated to have access to my UIF Dependents Benefits in the event of my death.

1. SPOUSE / LIFE PARTNER

Surname	Full Names	Relationship to employee	Date of Birth	Identity Document

2. CHILD/REN UNDER THE AGE OF 21 OR LEARNER OR DEPENDANT CHILD

Surname	Full Names	Date of Birth	Identity Document

3. NOMINATED BENEFICIARY OF YOUR CHOICE (if more than 1 nominee, the percentage must be allocated per nominee)

Surname	Full Names	Date of birth	Valid ID/Passport/Permit Number	Relationship to employee	Allocated percentage
Total Percentage					100%

I, _____ the undersigned understand that my circumstances and those of the persons shown above as dependants and/or nominees may change. In the event there is a change, I undertake to complete and re-submit the form UI-53 to my Employer for submission to the Department of Employment & Labour.

Signed at: _____ on the _____

EMPLOYEE'S SIGNATURE

FULL NAME OF EMPLOYER REPRESENTATIVE

EMPLOYER'S SIGNATURE

DATE

- PLEASE NOTE THAT NO ALTERATIONS ARE ACCEPTED ON THIS FORM

(Form UI-53 inserted by regulation 7(2) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-53 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:

