

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 28 Read with Regulation 6(1)

13 Digit Bar-Coded Identity Document/Passport Number

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Id no of adopted child

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Date of Birth (dd/mm/yy)

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Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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First name

Surname

Postal Address

Code

Code /Telephone No

Residential Address

Code

Cell No

Occupation

E-Mail Address

Fax Number

Education

SPECIAL SCHOOL CERT.	<input type="checkbox"/>
BELOW GRADE 8	<input type="checkbox"/>

GRADE 8-9	<input type="checkbox"/>
GRADE 10 - 11	<input type="checkbox"/>

GRADE 12	<input type="checkbox"/>
ABOVE GRADE 12	<input type="checkbox"/>

Use the UI-2.8 for Banking Details

Details of previous application

a) Name and ID No / Passport under which you applied:

ARE YOU STILL EMPLOYED

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED

IF YOU HAVE RETURNED TO WORK, STATE DATE: ____/____/____

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 this application 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 / PROXY Date: _____	SIGNATURE OF OFFICIAL			Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____	Office Stamp
	COMPLETE	YES	NO		