

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

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:

13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy)

Gender Male Female

First Names

Surname

Date of Death

Last Residential Address

Code

Details of previous application

a) Name and ID/ passport No under which deceased applied:

B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER: (NOTE: In the case of a surviving spouse(s), a marriage certificate or proof of customary marriage, or religious union is required)

13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy)

Gender Male Female

First Names

Surname

Postal Address

Code

Tel No

Residential Address

Code

Cell No

Occupation

E-Mail Address

Use the UI-2.8 form for Banking Details

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

Signature of applicant _____ Date ____/____/____

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		