



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

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(b)	(b) Name of new employer: Contact number:																																													
(c)	(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																																														
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 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. 														nent																																
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