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

ID NO/PASSPORT.
Surname: Previous surname: (Only if it changed since your previous application) First names:
4. Telephone number: IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS
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 to