

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR CONTINUATION OF PAYMENT FOR MATERNITY BENEFITS
IN TERMS OF REGULATION 5(3) AND 5(6)

FORM MUST BE COMPLETED ON OR AFTER

ID NO.

- 1. Surname:
- 2. Previous surname: (Only if it changed since your last declaration).
- 3. First names:
- 4. Identity number: 5. Telephone number:
- 6. Postal address:
- 7. Residential address: (If different from postal address) Postal code
- 8. Date returned to work: ____/____/____

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

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

**I declare, except as stated in item 8, that I have not worked since the date of my application for maternity benefits and have not been entitled to my normal remuneration as declared by my employer on the prescribed form UI-2.7 submitted with my application form.
I declare further that the information provided is true and correct. I am aware that it is an offence to willfully make a false statement.**

Signature of applicant Date ____/____/____

MEDICAL CERTIFICATE - Should only be completed after of birth by a registered medical practitioner or midwife.

I, _____ am a qualified _____
qualifications _____. My Registration number is _____ OR My Practise number is: _____

I confirm that _____ gave birth on _____. \ The baby was stillborn
on _____ \ had a miscarriage on _____.

Signature _____ Date _____ Tel No. _____

Address _____

- NB!**
- **MEDICAL PORTION NEED BE COMPLETED ONLY ONCE AFTER BIRTH OF THE CHILD.**
 - **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 EMPLOYER TO SUBMIT A DECLARATION.**