## UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR MATERNITY BENEFITS IN TERMS OF SECTION 25(1) - Read with Regulation 5(1) and 5(4)

13 Digit Bar-Coded Identity Document/Passport Number	Date of Birth (dd/mm/yy)	Gender		
		Female	0	
First Names		Surname		
Postal Address			Code /Telephone No	
		Code		
Residential Address		I	Cell No	
		Code		
Occupation	Occ. Code	E-Mail Address	Fax Number	
Оссирации	occ. code	E-Man Address	Pax Number	
Method of Doymont				
Method of Payment				
Use the UI-2.8 form for Banking Details  PAYPOINT				
CHEQUE BANK TRANSFER	OTHER			
Details of previous application				
a) Name and ID No under which you applied: b) Date of Application:/ c) Office of application:				
			· · · · · · · · · · · · · · · · · · ·	
ARE YOU STILL EMPLOYED YES NO	SOURCES OF OTHER INCOME (mark X were applicable)  MEDICAL CERTIFICATE (to be completed by a medical practitioner or registered			a medical practitioner or registered
NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED.	1. Monthly Pension from State (Excluding Disability grant)		idwife)	
COMPLETED.				1:6:-1
	disablement			am a qualified
DATE OF COMMENCEMENT OF MATERNITY LEAVE:/  3. Benefits from an Unemployment		Fund established by a	ed by a Qualifications My practice number is	
IF YOU HAVE RETURNED TO WORK, STATE DATE:/	bargaining or statutory council		confirm that is under m	y treatment and is pregnant. The expected
IMPORTANT: READ THIS SECTION BELOW:     4. NONE       If applicable mark X on 1-4:				
IMPORTANT: READ THIS SECTION BELOW:		lue date of birth is		
If your application is successful the claims officer will authorise	When did you begin to receive this income?			
the payment of benefits. You must also inform the claims officer	I confirm that		confirm that gave	birth on \ The baby was stillborn
as soon as you resume employment I declare that the above information is true and correct. I understand that it is an offence	Do you continue to receive this income? on		on \ the patient had a	miscarriage on
to make a false statement.	If you no longer receive this income when did it come to an end? Date Tel No			
		A	ddress	
SIGNATURE OF APPLICANT: DATE:				
FOR OFFICIAL USE ONLY				
DOCUMENTS/INFORMATION SUBMITTED Signature of O		Claim approved from:	Claim approved from:	
UI-19 (If Applicable)     8. Telephonic Verification		Application refused in term	s of:	
Certified Copy of ID     Contact Person	REMUNERATION/S			
3. Payslips	Gross pay Payment Frequency			
4. Proof of banking details - UI-2.8	(before deductions) (PW or PM) Signature:			
5. UI-2.7 (If Applicable) Designation: 6. SARS Number: Tel. No.:				
U. SAKS Number 1CL 140.:		Date:		