

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 28(1)
Read with Regulation 6(1)**

13 Digit Bar-Coded Identity Document/Passport Number <input type="text"/>	Id no of adopted child <input type="text"/>	Date of Birth (dd/mm/yy) <input type="text"/>	Gender Male <input type="checkbox"/> 5 Female <input type="checkbox"/> 0
First Names <input type="text"/>		Surname <input type="text"/>	
Postal Address <input type="text"/>		Code <input type="text"/>	Code /Telephone No <input type="text"/>
Residential Address <input type="text"/>		Code <input type="text"/>	Cell No <input type="text"/>
Occupation <input type="text"/>	Occ. Code <input type="text"/>	E-Mail Address <input type="text"/>	Fax Number <input type="text"/>
Method of Payment <i>Use the UI-2.8 form for Banking Details</i>			
CHEQUE <input type="checkbox"/>	BANK TRANSFER <input type="checkbox"/>	OTHER <input type="checkbox"/>	PAYPOINT <input type="checkbox"/>
Details of previous application			
a) Name and ID No under which you applied: <input type="text"/>		b) Date of Application: ___/___/___	
		c) Office of application: <input type="text"/>	

ARE YOU STILL EMPLOYED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED		
DATE OF COMMENCEMENT OF ADOPTION LEAVE: ___/___/___		
IF YOU HAVE RETURNED TO WORK, STATE DATE: ___/___/___		
IMPORTANT: READ THIS SECTION BELOW		
If your application is successful then the claims officer will authorise the payment of benefits. You must also inform the claims officer as soon as you resume work. I declare the above information is true and correct. I understand that it is an offence to make a false statement.		
SIGNATURE OF APPLICANT: _____		DATE: _____

SOURCES OF OTHER INCOME (mark X were applicable)	
1. Monthly Pension from State (Excluding Disability grant)	<input type="checkbox"/>
2. Benefit from Compensation Fund for temporary or total disablement	<input type="checkbox"/>
3. Benefits from an Unemployment Fund established by a bargaining or statutory council	<input type="checkbox"/>
4. NONE	<input type="checkbox"/>
<i>If applicable mark X on 1-4:</i>	
When did you begin to receive this income? _____	
Do you continue to receive this income? _____	
If you no longer receive this income when did it come to an end? _____	

FOR OFFICIAL USE ONLY

DOCUMENTS/INFORMATION SUBMITTED	Signature of Official	Claim approved from: _____	OFFICE STAMP								
1. UI-19 (If Applicable) <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">REMUNERATION/SALARY</th> </tr> <tr> <td style="text-align: center;"><i>Gross pay (before deductions)</i></td> <td style="text-align: center;"><i>Payment Frequency (PW or PM)</i></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	REMUNERATION/SALARY		<i>Gross pay (before deductions)</i>	<i>Payment Frequency (PW or PM)</i>					Application refused in terms of: _____	
REMUNERATION/SALARY											
<i>Gross pay (before deductions)</i>		<i>Payment Frequency (PW or PM)</i>									
2. Certified Copy of ID <input type="checkbox"/>		8. Copy of Adoption Order <input type="checkbox"/>	Claims officer (Please Print): _____								
3. Payslips <input type="checkbox"/>		9. SARS Number: _____	Signature: _____								
4. Affidavit – Period Spent caring for child <input type="checkbox"/>	10. Other (Specify) _____	Date: _____									
5. Proof of banking details - UI-2.8 <input type="checkbox"/>	11. Telephonic Verification <input type="checkbox"/>										
6. UI-2.7 (If applicable) <input type="checkbox"/>	Contact Person _____										
7. Birth certificate of Child <input type="checkbox"/>	Designation: _____										
	Tel. No.: _____										