

**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

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ID NO.

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1.	Surname:																														
2.	Previous surname: <i>(Only if it changed since your previous application)</i>																														
3.	First names:																														
4.	Identity number:										5.	Telephone number:																			
6.	Postal address:																														
7.	Residential address: <i>(If different from postal address)</i>																Postal code														
8.	Date returned to work:	____/____/____																													
9.	Kindly state whether you are in receipt of income from other sources. Tick (✓) where applicable.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 45%;">Monthly Pension from State (Excluding Disability grant)</td> <td style="width: 50%;"></td> </tr> <tr> <td>2.</td> <td>Benefit from Compensation Fund for temporary or total disablement</td> <td></td> </tr> <tr> <td>3.</td> <td>Benefits from an Unemployment Fund established by a bargaining or statutory council</td> <td></td> </tr> <tr> <td>4.</td> <td>NONE</td> <td></td> </tr> </table> <p><i>If any of above is applicable complete the following questions:</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? _____</p>																		1.	Monthly Pension from State (Excluding Disability grant)		2.	Benefit from Compensation Fund for temporary or total disablement		3.	Benefits from an Unemployment Fund established by a bargaining or statutory council		4.	NONE	
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4.	NONE																														
		<p>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/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.</p> <p>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.</p>												_____ Signature of applicant						_____/____/____ Date											
NB: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED																															

NOTIFICATION OF BIRTH (Regulation 5(6))

I, declare that my baby was born on _____ / the baby was stillborn on _____ / I had a miscarriage on _____

Signature of applicant _____ Date _____

MEDICAL CERTIFICATE - Should only be completed once, after confirmation of birth by a medical practitioner/registered midwife.

I, _____ am a qualified _____	
qualifications _____.	My practice number is _____.
I confirm that _____ gave birth on _____.	
The baby was stillborn on _____ \ had a miscarriage on _____.	
Signature _____	Date _____
Tel No. _____	
Address _____	