





UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR CONTINUATION OF PAYMENT FOR MATERNITY BENEFITS IN TERMS OF SECTION 26

	ID NO/PASSPORT				
1. Surname:					
. Sumane.					
2. Previous surname: (Only if it changed since your previous	rious application)	•	•		
3. First names:	1	1		1	
4. Telephone number: (a) Cell Number (b) Landline Number					
IN THE EVENT OF A CH	IANGE OF ADDRESS	INDICATE YOUR	R NEW DETAIL	<u> </u>	
5. Postal address:					
			De del certe		
Postal code					
6. Residential address: (If different from postal address)					
	l l	I	LL	l	
7. Date returned to work:/					
8. DECLARATION: I declare, except as stated in item 7, 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. I furthermore declare that the information given is true and correct. I am aware that it is an offence to wilfully 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 NB: IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED.					
 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 a medical practitioner or registered midwife) I,					
am a qualified Qualifications		My regis	tration number i	s	I confirm
that is under my treatment and is pregnant. The expected due date of birth is				OF	R I confirm that
gave birth/ stillborn / misc	arriage on		Signature		_ Date
Tel No Address					
Date Received:					