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 Id no of adopted c	hild		Date of Birth (dd/mm/yy)	Gender Male 5	Female 0
First Names			Surname		
Postal Address				Code /Telephone N	0
		Code			
Residential Address		Cell No			
Residential Address Cell No Code					
Occupation Occ	c. Code E	E-Mail Address Fax Number			r
Method of Payment					
•			DANDOINE	7	
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) D	ate of Application://	c) Office of applicati	on:
		<u> </u>			
ARE YOU STILL EMPLOYED YES NO			SOURCES OF OT	HER INCOME (mark X were	e applicable)
NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETE	aD	1. Monthly Pension from State (Excluding Disability grant)			
DATE OF COMMENCEMENT OF ADOPTION LEAVE.		Benefit from Compensation Fund for temporary or total disablement			
DATE OF COMMENCEMENT OF ADOPTION LEAVE:/		Benefits from an Unemployment Fund established by a bargaining or statutory council			
IF YOU HAVE RETURNED TO WORK, STATE DATE:/					
IMPORTANT: READ THIS SECTION BELOW		4. NONE			
INTOKINITY KEND THIS SECTION BELOW		If applicable mark X on 1-4:			
If your application is successful then the claims officer will authorise the payment of benefits	You must also	When did you begin to receive this income?			
inform the claims officer as soon as you resume work. I declare the above information is tru					
understand that it is an offence to make a false statement.		Do you continue to receive this income?			
SIGNATURE OF APPLICANT: DATE:		If you	no longer receive this income when did it co	ome to an end?	
FOR OFFICIAL USE ONLY					
DOCUMENTS/INFORMATION SUBMITTED	Signature of Official		Claim approved from:		
UI-19 (If Applicable) Copy of Adoption Order	1		Application refused in terms of:		
2. Certified Copy of ID 9. SARS Number:	REMUNERATION/SALARY				
3. Payslips 10. Other (Specify)	Gross pay Payment Frequency		Claims officer (Please Print):		
4. Affidavit – Period Spent caring for child 11. Telephonic Verification		or PM)	Signature		
5. Proof of banking details - UI-2.8 Contact Person			Signature:	_	
6. UI-2.7 (If applicable) Designation:			Date:		
7. Birth certificate of Child Tel. No.:					