

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 31(1) Read with Regulation 7(1)**

A. PARTICULARS OF DECEASED CONTRIBUTOR:

13 Digit Bar-Coded Identity Document/Passport Number <input type="text"/>	Date of Birth (dd/mm/yy) <input type="text"/>	Gender Male <input type="text" value="5"/> Female <input type="text" value="0"/>	
First Names <input type="text"/>	Surname <input type="text"/>	Date of Death <input type="text"/>	
Last Residential Address <input type="text"/>		Code	<input type="text"/>
Details of previous application			
a) <i>Name and ID No under which deceased applied:</i> <input type="text"/>		b) <i>Date of Application:</i> ____/____/____	
c) <i>Office of application:</i> <input type="text"/>			

B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER: (NOTE: In the case of a surviving spouse if there is not a marriage certificate recognised as valid in terms of any law relating to marriage in force in the Republic of South Africa, supplementary documents required by the Department regarding the circumstances of the matter should be attached)

13 Digit Bar-Coded Identity Document/Passport Number <input type="text"/>	Date of Birth (dd/mm/yy) <input type="text"/>	Gender Male <input type="text" value="5"/> Female <input type="text" value="0"/>	
First Names <input type="text"/>	Surname <input type="text"/>	Tel No <input type="text"/>	
Postal Address <input type="text"/>		Code	<input type="text"/>
Residential Address <input type="text"/>		Code	Cell No <input type="text"/>
Occupation <input type="text"/>	Occ. Code <input type="text"/>	E-Mail Address <input type="text"/>	
Method of Payment		PAYPOINT	
<i>Use the UI-2.8 form for Banking Details</i>			
CHEQUE <input type="text"/>	BANK TRANSFER <input type="text"/>	OTHER <input type="text"/>	

I declare that I am the only surviving spouse or life partner or one of _____ surviving spouses of the abovementioned deceased contributor, that I was not divorced from him/her and that information given in this document is true and correct. I understand that it is an offence to make a false statement.

SIGNATURE OF SURVIVING SPOUSE OR LIFE PARTNER: _____ DATE: ____/____/____

FOR OFFICIAL USE ONLY

<p align="center">DOCUMENTS/INFORMATION SUBMITTED</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1. UI-19 (If Applicable) <input type="checkbox"/></td> <td style="width:50%;">8. SARS Number: _____</td> </tr> <tr> <td>2. Certified Copy of ID (Deceased & Dependant) <input type="checkbox"/></td> <td>9. Telephonic Verification <input type="checkbox"/></td> </tr> <tr> <td>3. Payslips/Database <input type="checkbox"/></td> <td>Contact Person: _____</td> </tr> <tr> <td>4. Affidavit from Life Partner <input type="checkbox"/></td> <td>Designation: _____</td> </tr> <tr> <td>5. Proof of banking details – UI-2.8 <input type="checkbox"/></td> <td>Tel. No.: _____</td> </tr> <tr> <td>6. Marriage certificate or certified copy <input type="checkbox"/></td> <td></td> </tr> <tr> <td>7. Certified Copy of ONE of the following documents <input type="checkbox"/></td> <td></td> </tr> <tr> <td>(i) Death certificate</td> <td></td> </tr> <tr> <td>(ii) Post-mortem certificate</td> <td></td> </tr> <tr> <td>(iii) Burial order relating to the death of such contributor</td> <td></td> </tr> </table>	1. UI-19 (If Applicable) <input type="checkbox"/>	8. SARS Number: _____	2. Certified Copy of ID (Deceased & Dependant) <input type="checkbox"/>	9. Telephonic Verification <input type="checkbox"/>	3. Payslips/Database <input type="checkbox"/>	Contact Person: _____	4. Affidavit from Life Partner <input type="checkbox"/>	Designation: _____	5. Proof of banking details – UI-2.8 <input type="checkbox"/>	Tel. No.: _____	6. Marriage certificate or certified copy <input type="checkbox"/>		7. Certified Copy of ONE of the following documents <input type="checkbox"/>		(i) Death certificate		(ii) Post-mortem certificate		(iii) Burial order relating to the death of such contributor		<p align="center">Signature of Official</p> 	<p>Claim approved from: _____</p> <p>Application refused in terms of: _____</p> <p>Claims officer (Please Print): _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p align="center">OFFICE STAMP</p>
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