

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR CONTINUATION OF PAYMENT FOR ADOPTION BENEFITS
IN TERMS OF REGULATION 6(3)**

FORM MUST BE COMPLETED ON OR AFTER

ID NO.

1. Surname:

2. Previous surname: *(Only if it changed since your previous application)*

3. First names:

4. Identity number:

5. Telephone number:

6. Postal address:

7. Residential address: *(If different from postal address)* Postal code

8. Date returned to work: ____/____/____

9. Kindly state whether you are in receipt of an income from other sources.

Tick (✓) where applicable.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1. Monthly Pension from State (Excluding Disability grant)</td> <td style="width: 5%;"></td> </tr> <tr> <td style="padding: 2px;">2. Benefit from Compensation Fund for temporary or total disablement</td> <td></td> </tr> <tr> <td style="padding: 2px;">3. Benefits from an Unemployment Fund established by a bargaining or statutory council</td> <td></td> </tr> <tr> <td style="padding: 2px;">4. NONE</td> <td></td> </tr> </table> <p style="margin-top: 5px;"><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		<p>I declare, except as stated in item 8, that I have not worked since the date of my application for adoption 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> <p style="text-align: center;">_____/_____/_____ Signature of applicant Date</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									

NB: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED