## UNEMPLOYMENT INSURANCE ACT 63 0F 2001 APPLICATION FOR DEPENDANT'S BENEFITS BY CHILD/CHILDREN OF DECEASED IN TERMS OF SECTION 31(1) READ WITH REGULATION 7(1) AND 7(2)

A. PARTICULARS OF DECEASED CONTRIBUTOR:			
13 Digit Bar-Coded Identity Document/Passport Number Date of Birth (dd	/mm/yy) Gender		
	Male 5	Female 0	
	Male 3		
First Names Surname		Date of Death	
Last Residential Address	Code		
	Code		
Details of previous application		1	
a) Name and ID No under which deceased applied:	b) Date of Application	tion:/ c) Office of appl	ication:
B. PARTICULARS OF APPLICANT: RELATIONSHIP OF APPLICANT TO DECEASED:			
13 Digit Bar-Coded Identity Document/Passport Number Date of Birth (dd/mm/yy)	Gender		
15 Bight But Could restrictly Bocuments' assport rumber		1 0	
First Names Surnam	Male 5 Fema	le <b>0</b>	
First Names Surnam	ic .		
Postal Address		Tel No	
1 votal ratures	Code	Terro	
Residential Address		Cell No	
Residential Address	Code	Cen No	
Occupation Occ. Code	E-Mail Address		
Occupation Occ. Code	E-Wall Address		
Method of Payment			
•			
Use the UI-2.8 form for Banking Details			
CHEQUE BANK TRANSFER OTHER			
C. CHILD'S DETAILS: First Names Surname			
This runnes			
Home Address		Date of Birth (dd/	(mm/vv)
Home Audress	Code	Date of Birth (dd/	mmyy)
I declare that the information is true and correct. I understand that it is an offence to make a false statement			
1 declare that the information is true and correct. I understand that it is an orience to make a faise statement			
SIGNATURE OF APPLICANT:	DATE:/		
FOR OFFICIAL USE ONLY:			
	SIGNATURE OF OFFICIAL		OFFICE STAMP
DOCUMENTS/INFORMATION SUBMITTED	SIGNATURE OF OFFICIAL	Claim approved from:	
1. UI-19 (If Applicable) 8. If child is over 21 documentary proof that child is a		Application refused in terms of:	_
Certified Copy of ID (Deceased/Applicant & Child)  learner  learner	REMUNERATION/SALARY	Claims officer (Please Print):	
3. Payslips 9. Telephonic Verification	Gross pay Payment Frequency		
4. Proof of banking details - UI-2.8 Contact Person:	(before deductions) (PW or PM)		
5. Certified copy of birth certificate of child Designation:		Signature:	
6. Supplementary documents proving guardianship and relationship of child to deceased			
7. Certified Copy of ONE of the following documents		Date:	
(i) Death certificate			
(ii) Post-mortem certificate (iii) Burial order relating to the death of such contributor			
(iii) Buriar order relating to the death of such contributor			