UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR CONTINUATION OF PAYMENT FOR MATERNITY BENEFITS
IN TERMS OF REGULATION 5(3) AND 5(6)

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 income from other sources**.
   Tick (✓) where applicable.

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	

If any of above is applicable complete the following questions:
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?*
_____

I declare, except as stated in item 8, 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-2.7submitted with my application form.

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.

_____ _____/_____/_____
Signature of applicant Date

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

NOTIFICATION OF BIRTH (Regulation 5(6))

I, declare that my baby was born on _____ / the baby was stillborn on _____ / I had a miscarriage on _____

Signature of applicant _____ Date _____

MEDICAL CERTIFICATE - Should only be completed once, after confirmation of birth by a medical practitioner/registered midwife.

I, _____ am a qualified _____

qualifications _____. My practice number is _____.

I confirm that _____ gave birth on _____.\ The baby was stillborn

on _____ \ had a miscarriage on _____.

Signature _____ Date _____ Tel No. _____

Address _____