
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF LABOUR**NO. R. 1131****02 SEPTEMBER 2019****DEPARTMENT OF EMPLOYMENTS AND LABOUR****UNEMPLOYMENT INSURANCE ACT, 2001 (ACT NO.63 OF 2001)****CALL FOR COMMENTS ON THE AMENDMENTS TO THE REGULATIONS TO
THE UNEMPLOYMENT INSURANCE ACT, 2001**

I, Thembelani Waltermade Nxesi, MP Minister of Employment and Labour, under Section 55 (1) of the Unemployment Insurance Act, 2001 (Act No 63 of 2001) intend to make amendments to the Regulations to the Unemployment Insurance Act, 2001 as set out in the Schedule.

Interested persons or organisations are hereby invited to submit written comments on the draft regulations within 14 calendar days from the date of publication.

Comments shall be forwarded to :

(a) Post to:

The Department of Employment and Labour (UIF)

P O Box 1851

Pretoria

0001

(b) Hand Delivery to:

The Department of Employment and Labour (UIF)

Directorate: Legal Services

230 Lillian Ngoyi Street;

Pretoria

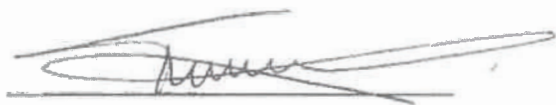
0001;

Any enquiries in connection with the Notice can be directed to M.C. Phathela at

Cornelius.phathela@labour.gov.za. Tel: 012 337 1775 / 1411 or Thembisile Mokoena at

Thembisile.Mokoena@labour.gov.za; Tel: 012 337 1441 / 1747

Comments received after the closing date may not be considered.



T. W. NXESI, MP

MINISTER OF EMPLOYMENT AND LABOUR

DATE: 26/08/2019

SCHEDULE

Definition

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 400 of 28 March 2002 as amended by Government Notice No. 536 of 23 April 2004, Government Notice No. R. 823 of 10 August 2005, Government Notice No. R. 948 of 5 October 2009 and Government Notice No. R. 1434 of 28 December 2018.

Insertion of regulation 5A in the Regulations

2. The following regulation is hereby inserted after regulation 5 of the Regulations:

"Application for parental benefits in terms of section 26B of the Act

5A. (1) An application for parental benefits in terms of section 26B of the Act must be made at an employment office and must be in the form of a complete UI 2.9.

(2) An applicant for parental benefits, when making the application, must submit -

- (a) an identity document;
- (b) a full birth certificate of the child with full details of parents;
- (c) a surrogate motherhood agreement in terms of the Children's Act, 2005 (Act No. 38 of 2005); or
- (d) an interim court order placing the child in the care of the prospective adoptive parent pending the finalisation of an adoption order in respect of that child ;
- (e) details of a valid bank account, in the form of UI 2.8; and
- (f) remuneration received by the employee whilst still in employment, in the form of UI 2.7."

Insertion of regulation 5B in the Regulations

3. The following regulation is hereby inserted after regulation 5A of the Regulations:

"Application for commissioning parental benefit in terms of section 29B of the Act

5B (1) An application for commissioning parental benefits in terms of section 29B of the Act must be made at an employment office and must be in the form of a complete UI 2.9.

(2) An applicant for commissioning parental benefits, when making the application must submit -

- (a) an identity document;
- (b) a surrogate motherhood agreement in terms of the Children's Act, 2005 (Act No. 38 of 2005);

- (c) details of a valid bank account in the form of UI 2.8;
- (d) remuneration received by the employee whilst still in employment, in the form of UI 2.7; and
- (e) birth certificate of the child with full details of parents.”

Amendment of regulation 6 of the Regulations

4. Regulation 6 of the Regulations is hereby amended by the insertion of the following paragraph after paragraph (e) of sub-regulation (2):

“(f) interim court order placing the child in the care of the prospective adoptive parent pending the finalisation of an adoption order in respect of that child.” “

Amended forms

5. Forms 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 53 are hereby substituted for the evenly numbered forms in the Annexure.

New forms

6. Forms 2.1P; 2.2P; 2.3P; 2.4P; 2.9P; 2.12P; 2.9; and 2.12

Short title

7. These regulations are called the Unemployment Insurance Act Amendment Regulations, 2019.

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

Identity Document

[illegible]

1.	Surname:																										
2.	Previous surname: <i>(Only if it changed since your current applications)</i>																										
3.	First names:																										
4.	Contact Number																										
IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS																											
5.	Postal address:																										
6.	Residential address: <i>(If different from postal address)</i>																					Postal code					
7.	If you have commenced work indicate date:	____/____/____																									
➤ NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED																											
<p>I declare that :</p> <p>I declare, except as stated in item 7, 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. In the event of an overpayment occurring as a result of this application I undertake that I will refund the full amount to the Fund.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Signature of Applicant</p> </div> <div style="width: 45%;"> <p>_____ Date</p> </div> </div>																											
<p>NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.</p> <p>➤ NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.</p> <p>➤ IN THE EVENT OF YOU RESUMING EMPLOYMENT OR BACK TO YOUR NORMAL WORKING HOURS, YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF EMPLOYMENT AND LABOUR IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION.</p>																											

Date Received

UI-2.7

**UNEMPLOYMENT INSURANCE FUND
REMUNERATION RECEIVED BY THE EMPLOYEE WHILST STILL IN EMPLOYMENT**

To: The Claims Officer

Statement in respect of payment made to the undermentioned Contributor who is still in my employment but is unable to work due to Illness; Maternity leave; Adoption Leave, Commissioning Parental leave, Parental leave or is on Reduced Working Time (RWT)

Full names of contributor: _____

Identity Document.														
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer: _____

Employers UIF Reference No.

--	--	--	--	--	--	--	--

 /

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(A) In terms of section 12(1)b, 19(1), 24(2), 26A(1), 27(3) and 29A(1) of the abovementioned Act, I hereby certify that the contributor would receive less than 100% of his/her remuneration as from ____/____/____ (full date) due to:

Parental Leave		Commissioning Parental leave (SURROGACY)		Illness Leave		Maternity Leave		Adoption Leave		Reduced working time	
----------------	--	--	--	---------------	--	-----------------	--	----------------	--	----------------------	--

Periods during which different rates of remuneration were received while on leave/RWT (TO BE INDICATED IN CALANDER MONTHS)				Gross remuneration received <u>whilst</u> on leave/RWT (Per month)
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		

(B) The contributor is expected to/has resume/d full working hours on ____/____/____.

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

DATE: ____/____/____

**EMPLOYER STAMP
(if available)**

[illegible]Date Received:



labour

 Department:
 Labour
 REPUBLIC OF SOUTH AFRICA


UI-53

NOMINATION FORM FOR UIF DEPENDANTS BENEFITS (PLEASE NOTE THAT NO ALTERATIONS ARE ACCETED ON THIS FORM)

 I _____, Identity Document

 (Employee's full name & surname)

 Currently employed at _____ UIF Ref Number _____, hereby
 nominate the below individual(s) indicated to have access to my UIF Dependants Benefits in the event of my death.

1. SPOUSE / LIFE PARTNER

Surname	Full Names	Relationship to employee	Date of Birth	Identity Document

2. CHILD/REN UNDER THE AGE OF 21 OR LEARNER OR DEPENDANT CHILD

Surname	Full Names	Date of Birth	Identity Document

3. NOMINATED BENEFICIARY OF YOUR CHOICE (if more than 1 nominee, the percentage must be allocated per nominee)

Surname	Full Names	Date of birth	Valid ID/Passport/Permit Number	Relationship to employee	Allocated percentage
Total Percentage					100%

I, _____ the undersigned understand that my circumstances and those of the persons shown above as dependents and/or nominees may change. In the event there is a change, I undertake to complete and re-submit the form UI-53 to my Employer for submission to the Department of Employment & Labour.

Signed at: _____ on the _____

 EMPLOYEE'S SIGNATURE

 FULL NAME OF EMPLOYER REPRESENTATIVE

 EMPLOYERS SIGNATURE

 DATE

• PLEASE NOTE THAT NO ALTERNATIONS ARE ACCEPTED ON THIS FORM

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(1) – Read with Regulation 3(1) and 12(1) B

Details of previous application if Identity Document differs to current.

a) Name and ID No under which you applied:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT _____ DATE: ____ / ____ / ____		SIGNATURE OF OFFICIAL _____ DATE: ____ / ____ / ____		_____ Claim approved from _____ Application refused in terms of _____ Claims Officer (please print) _____ Signature _____ Date	DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE STAMP
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UNEMPLOYMENT INSURANCE FUND
AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT
To be completed by the Financial Institution (Bank/Post Office)

NB: No alterations should be made on this form

Name of account holder _____,
 (Full name and surname in block letters)

Identity Document

--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Financial Institution _____

Branch code

Account number

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Indicate with an "X"

Savings account

Current account

Transmission account

Dormant:

Active

I declare that the abovementioned information is correct and complete in every aspect and that the Unemployment Insurance Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.

Name of bank / Post Office official _____

Signature of Bank/ Post Office Official _____

Date: _____

Bank Stamp

To be completed by the Applicant

I, _____
 (Full name and surname in block letters)

Identity Document

--	--	--	--	--	--	--	--	--	--	--	--	--

Hereby authorise the Unemployment Insurance Commissioner/Claims Officer to pay my benefits, if approved, into the abovementioned account held at the Financial Institution, unless otherwise instructed in writing.

I declare that the information as furnished by the abovementioned Financial Institution is to my knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment being made into the provided banking account should this account be incorrect or incomplete.

Signature of applicant _____

Date _____

UI-2.2

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR ILLNESS BENEFITS IN TERMS OF SECTION 22(1)**

Identity Document										Date of Birth (dd/mm/yy)		Gender	
First Names												Male <input type="checkbox"/> Female <input type="checkbox"/>	
Postal Address										Surname		Code /Telephone No	
Residential Address										Code		Cell No	
Occupation										Code		Fax Number	
E-Mail Address													
Education										GRADE 12		GRADE 12	
SPECIAL SCHOOL CERT.										GRADE 10-11		ABOVE GRADE 12	
BELOW GRADE 8													

Details of previous application if Identity Document differs to current

a) Name and ID No under which you applied:

ARE YOU STILL EMPLOYED ☐ YES ☐ NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

Where a Proxy was appointed by Doctor or Legal Representative proof must be attached.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct.

SIGNATURE OF APPLICANT

Date: / /

SIGNATURE OF OFFICIAL

Date: / /

Claim approved from:

Application refused in terms of:

Claims officer (Please Print):

Signature:

Date: / /

Department of Employment and Labour
Office Stamp

MEDICAL CERTIFICATE (To be completed by a registered medical practitioner)

I, _____ am a qualified _____ Qualifications _____

My Registration number is _____ I confirm that _____ (optional)

is suffering from _____ / / to _____ / /

This patient was not capable of performing work from _____ / / to _____ / /

Signature _____ Date _____ Medical Practice Stamp (if available)

Tel No. _____ Address _____

UI-2.2P

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR PAYMENT OF ILLNESS BENEFITS
ILLNESS BENEFITS IN TERMS OF SECTION 22

Identity Document

[illegible][illegible]

IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS

[illegible]

I declare, except as stated in item 7, that I have not worked since the date of my application for illness 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.

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.

In the event of an overpayment occurring as a result of this application for payment I undertake that I will refund the full amount to the Fund.

Signature of applicant /Proxy _____ Date _____

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

Where the forms are signed by a Proxy attach proof of appointment.

NB! ➤ **THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.**

➤ **NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.**

➤ **IN THE EVENT OF YOU RESUMING EMPLOYMENT YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).**

MEDICAL CERTIFICATE (To be completed by a registered medical practitioner.)

I, _____ am a qualified _____
 qualifications _____. My registration number is _____.
 I confirm that _____ is suffering from _____.
 This patient was not capable of performing work from _____ to _____.
 Signature: _____ Date: _____ Tel No. _____
 Address _____

Date Received

Medical Practice Stamp (if available)

UI-2.3

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR MATERNITY BENEFITS IN TERMS OF SECTION 25(1)**

Identity Document										Date of Birth (dd/mm/yy)	
First Names										Surname	
Postal Address										Code/Telephone No	
Residential Address										Cell No	
Occupation										Fax Number	
E-Mail Address											
Education											
SPECIAL SCHOOL CERT.										GRADE 12	
BELOW GRADE 8										ABOVE GRADE 12	

Details of previous application if Identity Document differs to current.

a) Name and ID No under which you applied:

ARE YOU STILL EMPLOYED ☐ YES ☐ NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits, I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

In the event of an overpayment occurring as a result of any application I submitted, I undertake that I will refund the full amount of the Fund.

MEDICAL CERTIFICATE (to be completed by a registered medical practitioner or midwife) I, _____ am a qualified _____ Qualifications _____ My registration number is _____ I confirm that _____ is under my treatment and is pregnant. The expected due date of birth is _____. OR I confirm that _____ gave birth / stillborn / miscarriage on _____.	
Signature _____	Date _____
Tel No. _____	
Address _____	
Medical Practice Stamp (If available)	

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT _____ Date: ____/____/____	SIGNATURE OF OFFICIAL Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: ____/____/____
Department of Employment and Labour Office Stamp	

UI-2.3P

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR PAYMENT OF MATERNITY BENEFITS
IN TERMS OF SECTION 26

Identity Document

[illegible]

- [illegible]

IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS

5. Postal address:
6. Residential address: (If different from postal address)

 Postal code
7. Date returned to work: / /

8. *DECLARATION:*

I declare, except as stated in item 7, 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-2.7 submitted 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. In the event of an overpayment occurring as a result of this application for payment I undertake that I will refund the full amount to the Fund.

Signature of applicant

Date _____

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

- NB!** ➤ **THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.**
- **NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.**
- **IN THE EVENT OF YOU RESUMING EMPLOYMENT YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).**

Date Received

UI-2.4

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

FOR OFFICIAL USE ONLY:

<p>I declare that the above information is true and correct.</p> <p>SIGNATURE OF APPLICANT</p> <p>Date: _____ / _____ / _____</p>	<p>SIGNATURE OF OFFICIAL</p> <p>Date: _____ / _____ / _____</p>	<p>FOR OFFICIAL USE ONLY:</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>Department of Employment and Labour</p> <p>Office Stamp</p>
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UI-2.5

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Regulation 7(1)

A. PARTICULARS OF DECEASED CONTRIBUTOR:

<i>Identity Document</i>									
<i>First Names</i>									
<i>Last Residential Address</i>									
<i>Details of previous application if Identity Document differs to current</i>									
<i>a) Name and ID/ passport. No under which deceased applied:</i>									

<i>Date of Birth (dd/mm/yy)</i>		<i>Gender</i>		<i>Date of Death</i>	
<i>Surname</i>		<i>Male</i>		<i>Female</i>	
<i>Code</i>		<i>Code</i>		<i>Code</i>	

B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER

<i>Identity Document</i>									
<i>First Names</i>									
<i>Postal Address</i>									
<i>Residential Address</i>									
<i>E-Mail Address</i>									

<i>Date of Birth (dd/mm/yy)</i>		<i>Gender</i>		<i>Tel No</i>	
<i>Surname</i>		<i>Male</i>		<i>Female</i>	
<i>Code</i>		<i>Code</i>		<i>Code</i>	

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

In the event of an overpayment occurring as a result of this application, I undertake that I will refund the full amount to the Fund.

I understand that it is an offence to make a false statement.

FOR OFFICIAL USE ONLY:

<p>I declare that the above information is true and correct.</p> <p style="text-align: center;">SIGNATURE OF APPLICANT</p> <p>Date: ____/____/____</p>	<p style="text-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 style="text-align: center;">Department of Employment and Labour</p> <p style="text-align: center;">Office Stamp</p>
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UI-2.6

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR DEPENDANT'S BENEFITS BY A GUARDIAN / DEPENDANT CHILD OR NOMINATED BENEFICIARY IN TERMS OF SECTION 30 READ WITH
REGULATION 7(1) AND 7(2)

A. PARTICULARS OF DECEASED CONTRIBUTOR:

Identity Document										Date of Birth (dd/mm/yy)		Gender		Date of Death	
First Names												Male		Female	
Last Residential Address										Surname					
										Code					

Details of previous application if Identity Document differs from current

a) Name and Identity Document under which deceased applied:

B. PARTICULARS OF APPLICANT:

Guardian of a minor child										Dependant child		Nominated beneficiary	
---------------------------	--	--	--	--	--	--	--	--	--	-----------------	--	-----------------------	--

Identity Document										Date of Birth (dd/mm/yy)		Gender			
First Names												Male		Female	
Postal Address										Surname				Tel No	
Residential Address												Code			
C. CHILD'S DETAILS:												Code		Cell No	
First Names										Surname					
Residential Address												Code			
D. CHILD'S DETAILS:												Code			
First Names										Surname					
Residential Address												Code			

In the event of an overpayment occurring as a result of this application, I undertake that I will refund the full amount to the Fund.
 I understand that it is an offence to make a false statement.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT Date: ____/____/____	SIGNATURE OF OFFICIAL Date: ____/____/____	Claim approved from: Application refused in terms of: Claims officer (Please Print): Signature: Date: ____/____/____	Department of Employment and Labour Office Stamp
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UI-2.9

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A (1) Read with Regulation 6(1)

PLEASE SELECT THE TYPE OF BENEFITS YOU WISH TO APPLY FOR:

Parental	Adoption	Commissioning Parental
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Identity Document <div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>	Identity Document of child <div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>	Date of Birth (dd/mm/yy) <div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>	Gender <div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>
--	---	---	---

First name	Surname	Code /Telephone No
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Postal Address	Code	Cell No
----------------	------	---------

Residential Address	Code	Fax Number
---------------------	------	------------

Occupation	E-Mail Address	Code
------------	----------------	------

Education	Grade	Grade
SPECIAL SCHOOL CERT.	GRADE 8-9	GRADE 12
BELOW GRADE 8	GRADE 10 - 11	ABOVE GRADE 12

Details of previous application if Identity Document differs from current

a) Name and Identity Document under which you applied:

ARE YOU STILL EMPLOYED

YES

NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT _____ Date: ____/____/____	SIGNATURE OF OFFICIAL _____ Date: ____/____/____	Claim approved from: Application refused in terms of: Claims officer (Please Print): Signature: Date: ____/____/____
Department of Employment and Labour Office Stamp		

UI-2.12

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR COMMISSIONING PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A (1) Read with Regulation 6(1)

Identity Number										Identity document of child										Date of Birth (dd/mm/yy)		Gender																	
																						Male		Female															
First name																				Surname																			
Postal Address																				Code /Telephone No																			
																				Code																			
Residential Address																				Cell No																			
																				Code																			
Occupation																				Fax Number																			
																				E-Mail Address																			
Education																				GRADE 8-9										GRADE 12									
SPECIAL SCHOOL CERT.																																							
BELOW GRADE 8																				GRADE 10 - 11										ABOVE GRADE 12									

Details of previous application Identity document differs from current

a) Name and Identity document under which you applied:

ARE YOU STILL EMPLOYED

YES

NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct.

SIGNATURE OF APPLICANT

Date: / /

SIGNATURE OF OFFICIAL

Date: / /

Claim approved from:

Application refused in terms of:

Claims officer (Please Print):

Signature:

Date: / /

Department of Employment and Labour
Office Stamp

Employers Declaration of Employees for the month of

Information to be supplied in terms of Section 56(1&3) read with Regulation 13(1&2)

An employer must by the seventh day of each month inform the Commissioner with all the information during the previous month regarding the employer's contact details or employees remuneration details including new appointments and termination of service. The employer must forward this form to the **Unemployment Insurance Fund** at (012) 337-1943/44 or 337-1580/81/82 or **submit** same at any branch of the **UIF** which is closest to the employer. The completed form can also be faxed to the following numbers: **Pra** (012) 309 5142/5286; **Jhb** (011) 497 3293; **Dbn** (031) 366 2156; **Polokwane** (015) 290 1670; **Mmabatho** (018) 384 2658; **East Ldn** (043) 701 3263; **Biftm** (051) 447 9353; **CT** (021) 441 8024; **Wrb** (013) 656 0233; **PE** (041) 506 5142; **Gmn** (011) 873 2219; **George** (044) 873 2568; **Pmb** (033) 394 5069. Or mail to: uif.declarations@labour.gov.za

[illegible][illegible]

1.3 Trading name of business

1.3 Trading name of business	
1.4 Physical Address	

1.5 Address where employees listed in Item 2 work (if different to the address in 1.4)

1.5	Address where employees listed in Item 2 work (if different to the address in 1.4)	1.6	Postal address

1.7 Co. Reg.No (CIPRO No)

[illegible]

1.8 E-mail address	1.9 Fax No	1.10 Phone No
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1.8	E-mail address	1.9	Fax No	1.10	Phone No	1.11	Authorised person**
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2. EMPLOYEE DETAILS

[illegible]

I _____, (Name of Employer), ID No _____, declare that the above information is true and correct. I understand that it is an offence to make a false statement.

EMPLOYER SIGNATURE		DATE	
**	If the employer is not resident in the RSA, or is a body corporate not registered in the RSA, an authorised person must carry out the duties of the employer in terms of this Act	Code	(4) Reason for Non-Contribution ***
D*	Remuneration means actual basic salary plus payment in kind (Declare actual gross salary)	1	Temporary employees (less than 24 hours per month)
		2	Employees who earn commission only
		3	No income paid for the payroll period
E*	If paid Weekly, convert wages to monthly salary (weekly wages X 52/12)		
	Total Hours Worked i.e. Actual hours worked during the month		
*	Employers may also submit these details electronically from payrolls or on the UIF's website at www.labour.gov.za		
****	Only Applicable for Commercial employers, Domestic employers – provide Surname and initials		
	Constructive dismissal can only be determined by the CCMA : Bargaining-Council or Labour Court		
		REASON FOR TERMINATION CODES	
2	Deceased	6	Resigned
3	Retired	7	Constructive Dismissal****
4	Dismissed	8	Insolvency/Liquidation
5	Contract Expired	9	Maternity/Adoption
		10	Illness /Medically boarded
		11	Retrenched/Staff Reduction
		12	Transfer to another Branch
		13	Absented
		14	Business Closed
		15	Death of Domestic Employer
		16	Voluntary Severance Package
		17	Reduced Work Time
		18	Commissioning Parental
		19	Parental Leave