



UI-2.6

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

APPLICATION FOR DEPENDANT'S BENEFITS BY PERSONS OTHER THAN SPOUSE OR LIFE PARTNER OF DECEASED IN TERMS OF SECTION 30 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

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Male		Female	
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First Names:	Surname:	Date of Death:							
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Last residential address: _____ Code: _____

Details of previous application:

a) Name and ID No/ Passport no. under which deceased applied: _____

B. PARTICULARS OF APPLICANT:

Guardian of a minor child	
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Independent child	
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Nominated beneficiary	
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13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy)

Gender

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Male		Female	
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First Names: _____ Surname: _____

Postal address:	Code:	Telephone number:
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Residential address:	Code:	Telephone number:
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C. CHILD'S DETAILS:

D. CHILD'S DETAILS:

First Names:	Surname:	Home address:	Code:	First Names:	Surname:	Home address:	Code:
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I declare that the information is true and correct. I understand that it is an offence to make a false statement.

SIGNATURE OF APPLICANT / PROXY	SIGNATURE OF OFFICIAL			Office Stamp
	COMPLETE	YES	NO	
Date: _____	Claim approved from: _____ Application refused in terms of _____ Claims officer (Please Print): _____ Signature: _____ Date: _____			



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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