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## GOVERNMENT NOTICE

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### DEPARTMENT OF LABOUR

No. R. 400

28 March 2002

### UNEMPLOYMENT INSURANCE ACT, 2001

#### REGULATIONS

#### PUBLICATION OF REGULATIONS IN TERMS OF SECTION 54 OF THE UNEMPLOYMENT INSURANCE ACT, 2001

Under section 54 of the Unemployment Insurance Act, 2001 (Act No. 63 of 2001), I MEMBATHISI MPHUMZI SHEPHERD MDLADLANA, Minister of Labour, hereby publish Regulations and forms in the Government Gazette which will come into operation with effect from 1 April 2002.



MINISTER OF LABOUR

**DEPARTMENT OF LABOUR****UNEMPLOYMENT INSURANCE ACT****REGULATIONS**

The Minister of Labour has, under section 54 of the Unemployment Insurance Act, 2001 (Act 63 of 2001), made the Regulations set out in the Schedule hereto.

**SCHEDULE**

**1. In these Regulations, unless the context otherwise indicates-**

“Act” means the Unemployment Insurance Act, 2001 and any word or expression to which a meaning has been assigned in the Act, has that meaning;

“Annexure” means an Annexure to these Regulations;

“certificate of service” means a certificate of service in terms of section 42 of the Basic Conditions of Employment Act, 1997 (Act no. 75 of 1997);

“identity document” means a 13-digit bar-coded RSA identity card or a RSA bar-coded passport; and

“official” means a claims officer or an agent or official appointed in terms of section 58(9) of the Act to assist in administering the Act.

**2. Proof of identity**

- (1) An official must require an applicant for benefits or for the payment of any amount in terms of the Act to produce an identity document, but may not retain the document.

- (2) No claim for benefits may be processed and no benefits may be paid, unless the applicant has produced an identity document in terms of sub-regulation (1).

### **3. Unemployment benefits in terms of section 17 of the Act**

- (1) A contributor who applies for unemployment benefits in terms of section 17 of the Act must apply personally at an employment office by submitting a completed UI 2.1.
- (2) A contributor must, when applying for benefits or as soon thereafter as possible, submit—
  - (a) an identity document;
  - (b) if the applicant's services have been terminated, a certificate of service;
  - (c) details of a valid bank account.
- (3) An applicant for unemployment benefits, when reporting to an employment office in terms of section 17(4)(d) of the Act, must sign an unemployment register containing the particulars set out in UI 1.

### **4. Illness benefits in terms of section 22 of the Act**

- (1) An application for illness benefits in terms of section 22 of the Act must be made at an employment office by submitting a completed UI 2.2.
- (2) A contributor must, when applying for benefits or as soon thereafter as possible, submit —
  - (a) an identity document;

- (b) if the applicant's employment has been terminated, a certificate of service;
  - (c) details of a valid bank account.
- (3) An official may authorise any person to submit a claim on behalf of an applicant for illness benefits who is unable to apply personally. The official must require that person to submit satisfactory proof of their identity and that they have been authorised to apply on behalf of the applicant.
- (4) A contributor who has applied for illness benefits in terms of section 22 must complete a declaration in the form of UI 3 covering each period for which benefits are claimed.
- (5) An application for illness benefits in terms of section 22 of the Act must be accompanied by medical certificates on UI 2.2, completed and signed by a medical practitioner, chiropractor or homeopath who has treated the applicant.
- (6) (a) An official may require an applicant to be examined by a medical practitioner, chiropractor or homeopath nominated by the official.
- (b) The Unemployment Insurance Fund must pay the costs of a medical examination in terms of paragraph (a).
- (7) Illness benefits may be paid for any medically recognisable disease, symptom or condition which prevents the applicant from working.
- (8) In terms of section 20(1)(b) of the Act, illness benefits may only be paid in cases of alcoholism or drug dependence for the period during which a person is admitted to and undergoes treatment at a registered rehabilitation centre or psychiatric hospital.
- (9) A contributor whose application for illness benefits has been approved, may be paid benefits in respect of any period approved by an official in terms of the Act.

**5. Maternity benefits in terms of section 25 of the Act**

- (1) An application for maternity benefits in terms of section 25 of the Act must be made at an employment office and must be in the form of a complete UI 2.3.
- (2) An applicant for maternity benefits, when making the application or as soon thereafter as possible, must submit –
  - (a) an identity document;
  - (b) if the employee's services have been terminated, a certificate of service;
  - (c) details of a valid bank account.
- (3) A contributor who has applied for benefits in terms of section 25 must submit a declaration in the form of UI 4 covering each period for which maternity benefits are claimed.
- (4) An application for maternity benefits must be accompanied by a medical certificate on UI 2.3 completed and signed by a medical practitioner or registered midwife who has examined the applicant.
- (5)
  - (a) An official may require an applicant to be examined by a medical practitioner nominated by the official.
  - (b) The Unemployment Insurance Fund must pay the costs of a medical examination required in terms of sub-section (a).
- (6) A contributor who applies for maternity benefits before the birth of her child, if required by the claims officer, must submit a notification and declaration of birth on form UI 4 completed by herself and a medical practitioner or registered midwife.
- (7) A contributor whose application for maternity benefits has been approved may be paid benefits in respect of any period approved by an official in terms of the Act.

**6. Adoption benefits in terms of section 28 of the Act**

- (1) An application for adoption benefits in terms of section 28 of the Act must be lodged at an employment office by submitting a completed UI 2.4.
- (2) A contributor who has applied for adoption benefits must when making the application, or as soon thereafter as possible, submit –
  - (a) an identity document;
  - (b) if the employee's services have been terminated, a certificate of service;
  - (c) details of a valid bank account;
  - (d) a certified copy of the birth certificate of the child; and
  - (e) a certified copy of the order of adoption.
- (3) A contributor who has applied for adoption benefits in terms of section 28 must submit to the official a declaration in the form of UI 5 covering each period for which adoption benefits are claimed.
- (4) A contributor whose application for adoption benefits has been approved may be paid benefits in respect of any period approved by the official in terms of the Act.

**7. Dependant's benefits in terms of section 31 of the Act**

- (1) An application for dependant's benefits must be made at an employment office by submitting –
  - (a) in the case of a surviving spouse or life partner, a completed UI 2.5, or
  - (b) in the case of a child, a completed UI 2.6.

- (2) An application for dependant's benefits, when applying or as soon thereafter possible, must submit –
- (a) the identity documents of both the deceased and the applicant;
  - (b) details of a valid bank account;
  - (c) a certified copy of a death certificate, post-mortem certificate or burial order of the deceased contributor;
  - (d) in the case of a surviving spouse, a certified copy of a marriage certificate or customary union certificate;
  - (e) in the case of a surviving life partner, proof that the applicant is the surviving life partner of the deceased contributor;
  - (f) in the case of a child under the age of 21 years at the time of death of the deceased contributor, a certified copy of the birth certificate of the child and documentary proof of the child's relationship to the deceased;
  - (g) in the case of a child who was 21 years or older at the time of death of the deceased, documentary proof that the child is a learner or was wholly or mainly dependant upon the deceased.

**8. Appeals in terms of section 37(1) of the Act.**

- (1) An appeal against a decision of the Commissioner or a claims officer in terms of section 37(1) must be made by submitting a completed UI 12 by hand or registered post to the Appeals Committee of the Board at 94 Church Street, Pretoria, 0001 or by telefax to 012-3371893.
- (2) An appeal must be lodged within 90 days of the decision appealed against.

- (3) The Appeals Committee may require the appellant to submit any further information that it considers necessary to deal with the appeal.
- (4) The Appeals Committee must notify the appellant in writing within 30 days of its decision.

#### **9. Referral to arbitration in terms of section 37(2) of the Act**

- (1) A person who is dissatisfied with the decision of the Appeals Committee may refer a dispute to the CCMA for arbitration in terms of section 37(2) by submitting a completed UI 13 to the CCMA within 30 days of receiving notice of the decision.
- (2) A referral in terms of sub-regulation (1) must be served by hand, registered post or telefax on the provincial office of the CCMA in the province in which the application for benefits was made.
- (3) The CCMA may at any time permit a person to refer a dispute after the time limit in sub-regulation (1), on good cause shown.
- (4) A person who refers a dispute to the CCMA in terms of this regulation, must satisfy the CCMA that a copy of the referral has been served on the Commissioner at 94 Church Street, Pretoria, 0001 by hand or registered post or by telefax to 012-3371893.
- (5) Sections 136 to 138 and 142 to 146 of the Labour Relations Act, 1995 (Act No. 66 of 1995) apply, with the changes required by the context, to any matter referred to arbitration in terms of this Regulation.

#### **10. Securing an Undertaking**

- (1) A labour inspector who secures an undertaking from an employer to comply with any provision of the Act in terms of section 38(1) of the Act must record the undertaking in the form of UI 14 or in a document containing the information set out in that form.



- (2) A labour inspector who receives a payment in terms of section 38(2)(c) of the Act must issue a receipt in the form of UI 15 or in a document containing the information set out in that form.

#### **11. Compliance orders**

A compliance order issued in terms of section 39 must be in the form of UI 16 or contain the information set out in that form.

#### **12. Objection to compliance orders**

An employer may object in terms of section 40 to a compliance order by lodging a completed UI 17 with the Director-General within 30 days of receiving the compliance order, by registered post or by hand at 94 Church Street, Pretoria, 0001 or by fax to (012) 337 1893.

#### **13. Providing information in terms of section 56**

- (1) An employer must within seven days of the end of the month in which it commences activities as an employer submit a completed UI 18 to the Commissioner.
- (2) Every employer who is required to provide information to the Commissioner in terms of section 56(2) or (3) of the Act must do so by submitting a completed UI 19 to the Commissioner.
- (3) Any information submitted to the Commissioner in terms of sub-regulation (1) and (2) must be submitted to the Unemployment Insurance Fund, 94 Church Street, Pretoria, 0001.

#### **14. Transitional Provisions**

- (1) Any claim for benefits made against the Fund on or after 1 April 2002 must be dealt with in terms of the Act.

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- (2) For the purposes of sub-regulation (1) -
- (a) an application for unemployment benefits is made on the day that the contributor applies for benefits at an employment office in terms of section 17(1) of the Act;
  - (b) an application for illness, maternity, adoption or dependant's benefits is made on the date that application is made at an employment office or, if application is made by post, the date the application is received at an employment office.
- (3) An application for maternity benefits in respect of a childbirth that occurred on or before 31 March 2002 must be made within six months of the childbirth.
- (4) An application for dependant's benefits in respect of a contributor in terms of the Unemployment Insurance Act, 1966 who died prior to 1 April 2002 must be made within six months of the death of the contributor except that, on good cause shown, the Commissioner may accept an application after the six-month period.
- (5) Sub-regulation (4) does not apply to a claim for dependant's benefits made more than three years after the death of the contributor.
- (6) Subject to sub-regulation (7), any entitlement to benefits that accrued to a contributor in terms of the Unemployment Insurance Act, 1966 is deemed to have accrued in terms of the Act.
- (7) Any contributor who on 31 March 2002 had accrued an entitlement of more than 238 days benefits is deemed to have an entitlement of 238 days benefits with effect from 1 April 2002.
- (8) A contributor who was not a contributor in terms of the Unemployment Insurance Act, 1966 is deemed to have commenced employment as a contributor on 1 April 2001.

- (9) Sub-regulation (8) does not apply to a contributor who was not in employment as a contributor on 1 April 2002.

## **15. Commencement**

These Regulations come into operation on 1 April 2002.

| <b>UNEMPLOYMENT INSURANCE ACT 63 OF 2001</b><br>Register to confirm continued unemployment and continued capacity and availability<br>for work in terms of Section 17(4)(d) Read with Regulation 3(3) |  |  | <b>UI-1</b>  |
|---|--|--|--|
| <b>CONTRIBUTOR'S CHECK CARD</b>   |  |  | <div style="border: 1px solid black; width: 150px; height: 150px; margin: auto;"></div> <p>Signature of official _____</p> |
| PAYPOINT  |  |  |  |
| TIME OF SIGNING   |  |  |  |
| VENUE   |  |  |  |

  

**INFORMATION OUTSTANDING:**

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**PERSONAL DETAILS**

Contributor's surname: \_\_\_\_\_

Contributor's first names: \_\_\_\_\_

Identity no. 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Specimen Signature: \_\_\_\_\_

**Date Indicated on the reverse side is your next signing date.**

[illegible]

UI-2.1

**UNEMPLOYMENT INSURANCE BENEFITS IN TERMS OF SECTION 17(1) –  
Read with Regulation 3(1)**

**1. PERSONAL DETAIL**

1.1 Identity Document:

1.2 Passport Number

1.3 Other Identity/Reference Number

1.4 Date of Birth

1.5 Gender 

|      |   |
|------|---|
| Male | 5 |
|------|---|

|        |   |
|--------|---|
| Female | 0 |
|--------|---|

1.6 First Names

1.7 Surname

1.8 Previous Surname

1.9 Postal Address   
 Code.....

1.10 Residential Address   
 Code.....

1.11 Telephone No  Code.....

1.12 Cell No

1.13 E-Mail Address

1.14 SARS Number

**2. PAYMENT DETAILS**

2.1 Name of Bank or Post Office

2.2 Branch Code

2.3 Account Number

2.4 Account Type

**3. METHOD OF PAYMENT: (Use the UI-2.7 form for Banking Details)**

|        |      |               |       |
|--------|------|---------------|-------|
| CHEQUE | CASH | BANK TRANSFER | OTHER |
|--------|------|---------------|-------|

**4. EDUCATION BACKGROUND (tick the box)**

|                       |    |                          |               |    |                          |
|-----------------------|----|--------------------------|---------------|----|--------------------------|
| SPECIAL. SCHOOL CERT. | 26 | <input type="checkbox"/> | BELOW GRADE 8 | 29 | <input type="checkbox"/> |
| GRADE 8- 9            | 30 | <input type="checkbox"/> | GRADE 10 - 11 | 31 | <input type="checkbox"/> |
| GRADE 12              | 32 | <input type="checkbox"/> | TERTIARY      | 33 | <input type="checkbox"/> |

## UI-2.1

5 **EMPLOYER DETAILS**

- 5.1 NAME OF EMPLOYER/COMPANY
- 5.2 UIF REF NUMBER
- 5.3 BUSINESS ADDRESS OF EMPLOYER:
- 5.4 POSTAL ADDRESS:
- 5.5 E-MAIL
- 5.6 Telephone Number  Code .....
- 5.7 Fax Number

6. **EMPLOYMENT DETAILS**

- 6.1 Occupation
- 6.2 Occ. Code

7. **PERIOD OF SERVICE**

- 7.1 Commencement of employment with employer
- 7.2 Termination of Service

8. **REMUNERATION/SALARY**

- 8.1 Gross pay (before deductions)
- 8.2 Salary Payment (PW or PM)

9. **SOURCES OF OTHER INCOME**

*During this period of unemployment have you received income from any of these sources? (Tick the box)*

- 9.1 Monthly Pension From State (Excluding Disability grant) ☐
- 9.2 Benefit from Compensation Fund for temporary or total disablement ☐
- 9.3 Benefits from an Unemployment Fund established by bargaining or statutory council ☐
- 9.4 None ☐

When did you begin to receive this benefit? \_\_\_\_\_

Do you continue to receive this benefit? \_\_\_\_\_

If you no longer receive this benefit when did it come to an end? \_\_\_\_\_

UI-2.1

**10. REASON FOR TERMINATION OF SERVICE**

10.1 Dismissed

10.2 Contract Expired

10.3.1 Resigned

10.3.2 Constructive dismissal

10.4 Employer's insolvency

10.5 Other (Specify)

**11. FURTHER REQUIREMENTS**

11.1. Are you registered as a workseeker with a Labour Centre established by the DOL **Yes** ☐ **No** ☐

11.2 If so, which Labour Centre: \_\_\_\_\_

11.3 Are you capable or and available for work? **Yes** ☐ **No** ☐

**Signature:** \_\_\_\_\_

11.4 If you are not capable or nor available for work, please explain: \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT: READS THIS SECTION BELOW:**

***If your application is successful then the claims officer will authorise the payment of benefits. You must report to the employment office on a regular basis as indicated by the claims officer. You must also inform the claims officer as soon as you resume employment. I declare that the above information is true and correct. I understand that it is an offence to make a false statement.***

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## UI 2.2

**APPLICATION FOR ILLNESS BENEFITS IN TERMS OF SECTION 22(1) –  
Read with Regulations 4(1), 4(5) and 4(7))****1. PERSONAL DETAIL**

|                                     |                      |                                |        |                                |
|-------------------------------------|----------------------|--------------------------------|--------|--------------------------------|
| 1.1 Identity Document:              | <input type="text"/> |                                |        |                                |
| 1.2 Passport Number                 | <input type="text"/> |                                |        |                                |
| 1.3 Other Identity/Reference Number | <input type="text"/> |                                |        |                                |
| 1.4 Date of Birth                   | <input type="text"/> |                                |        |                                |
| 1.5 Gender                          | Male                 | <input type="text" value="5"/> | Female | <input type="text" value="0"/> |
| 1.6 First Names                     | <input type="text"/> |                                |        |                                |
| 1.7 Surname                         | <input type="text"/> |                                |        |                                |
| 1.8 Previous Surname                | <input type="text"/> |                                |        |                                |
| 1.9 Postal Address                  | <input type="text"/> |                                |        | Code.....                      |
| 1.10 Residential Address            | <input type="text"/> |                                |        | Code.....                      |
| 1.11 Telephone No                   | <input type="text"/> |                                |        | Code.....                      |
| 1.12 Cell No                        | <input type="text"/> |                                |        |                                |
| 1.13 E-Mail Address                 | <input type="text"/> |                                |        |                                |
| 1.14 SARS Number                    | <input type="text"/> |                                |        |                                |

**2. PAYMENT DETAILS**

|                                 |                      |
|---------------------------------|----------------------|
| 2.1 Name of Bank or Post Office | <input type="text"/> |
| 2.2 Branch Code                 | <input type="text"/> |
| 2.3 Account Number              | <input type="text"/> |
| 2.4 Account Type                | <input type="text"/> |

**3. METHOD OF PAYMENT: (Use the UI-2.7 form for Banking Details)**

|                                     |                      |                                   |                      |  |                      |                                    |                      |
|-------------------------------------|----------------------|-----------------------------------|----------------------|--|----------------------|------------------------------------|----------------------|
| <input type="text" value="CHEQUE"/> | <input type="text"/> | <input type="text" value="CASH"/> | <input type="text"/> | <input type="text" value="BANK TRANSFER"/> | <input type="text"/> | <input type="text" value="OTHER"/> | <input type="text"/> |
|-------------------------------------|----------------------|-----------------------------------|----------------------|--|----------------------|------------------------------------|----------------------|



**4. EMPLOYER DETAILS**

4.1 NAME OF EMPLOYER/COMPANY

4.2 UIF REF NUMBER

4.3 BUSINESS ADDRESS OF EMPLOYER:

  

4.4 POSTAL ADDRESS:

4.5 E-MAIL

4.6 Telephone Number

Code .....

4.7 Fax Number

**5. EMPLOYMENT DETAILS**

5.1 Occupation

5.2 Occ. Code

**6. PERIOD OF SERVICE**

6.1 Commencement of employment with employer

6.2 Termination of Service

**7. REMUNERATION/SALARY**

7.1 Gross pay (before deductions)

7.2 Salary Payment (PW or PM)

**8. SOURCES OF OTHER INCOME**

*During this period of unemployment have you received income from any of these sources? (Tick the box)*

8.1 Monthly Pension From State (Excluding Disability grant)

☐

8.2 Benefit from Compensation Fund for temporary or total disablement

☐

8.3 Benefits from an Unemployment Fund established by bargaining or statutory council

☐

8.4 None

☐

When did you begin to receive this benefit? \_\_\_\_\_

Do you continue to receive this benefit? \_\_\_\_\_

If you no longer receive this benefit when did it come to an end? \_\_\_\_\_

## UI 2.2

1. ARE YOU STILL EMPLOYED YES ☐ NO ☐

**NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.8 MUST ALSO BE COMPLETED.**

2. DATE OF COMMENCEMENT OF ILLNESS LEAVE: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. IF YOU HAVE RETURNED TO WORK, STATE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 4.

**MEDICAL CERTIFICATE (To be completed by an authorised practitioner in terms of section 20(1)(c) of the UI Act 63 of 2001.)**

I, \_\_\_\_\_ am a qualified \_\_\_\_\_  
My practice number is \_\_\_\_\_. I confirm that \_\_\_\_\_  
has been under my treatment from \_\_\_\_\_ to \_\_\_\_\_ and is suffering  
from \_\_\_\_\_

\_\_\_\_\_ This patient was not capable of performing  
work from \_\_\_\_\_ to \_\_\_\_\_.

If the nature of the illness is described in this medical certificate in uncertain terms or as "disease - entity" or "symptom complex", please furnish a clinical report describing the symptoms and nature of the complaint.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Tel No. \_\_\_\_\_

Address \_\_\_\_\_

**IMPORTANT : READ THIS SECTION BELOW:**

***If your application is successful then the claims officer will authorise the payment of benefits. You must inform the claims officer as soon as you resume work. I declare that the above information is true and correct. I understand that it is an offence to make a false statement.***

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

UI-

**APPLICATION FOR MATERNITY BENEFITS IN TERMS OF SECTION 25(1) - Read with Regulation 5(1) and 5(4)****1. PERSONAL DETAIL**

|                                     |   |        |   |        |   |
|-------------------------------------|---|--------|---|--------|---|
| 1.1 Identity Document:              | <input type="text"/>  |        |   |        |   |
| 1.2 Passport Number                 | <input type="text"/>  |        |   |        |   |
| 1.3 Other Identity/Reference Number | <input type="text"/>  |        |   |        |   |
| 1.4 Date of Birth                   | <input type="text"/>  |        |   |        |   |
| 1.5 Gender                          | <table border="1"><tr><td>Male</td><td>5</td><td>Female</td><td>0</td></tr></table> | Male   | 5 | Female | 0 |
| Male                                | 5   | Female | 0 |        |   |
| 1.6 First Names                     | <input type="text"/>  |        |   |        |   |
| 1.7 Surname                         | <input type="text"/>  |        |   |        |   |
| 1.8 Previous Surname                | <input type="text"/>  |        |   |        |   |
| 1.9 Postal Address                  | <input type="text"/><br><input type="text"/> Code.....                              |        |   |        |   |
| 1.10 Residential Address            | <input type="text"/><br><input type="text"/> Code.....                              |        |   |        |   |
| 1.11 Telephone No                   | <input type="text"/> Code.....  |        |   |        |   |
| 1.12 Cell No                        | <input type="text"/>  |        |   |        |   |
| 1.13 E-Mail Address                 | <input type="text"/>  |        |   |        |   |
| 1.14 SARS Number                    | <input type="text"/>  |        |   |        |   |

**2. PAYMENT DETAILS**

|                                 |                      |
|---------------------------------|----------------------|
| 2.1 Name of Bank or Post Office | <input type="text"/> |
| 2.2 Branch Code                 | <input type="text"/> |
| 2.3 Account Number              | <input type="text"/> |
| 2.4 Account Type                | <input type="text"/> |

**3. METHOD OF PAYMENT: (Use the UI-284 form for Banking Details)**

|        |                          |      |                          |               |                          |       |                          |
|--------|--------------------------|------|--------------------------|---------------|--------------------------|-------|--------------------------|
| CHEQUE | <input type="checkbox"/> | CASH | <input type="checkbox"/> | BANK TRANSFER | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |
|--------|--------------------------|------|--------------------------|---------------|--------------------------|-------|--------------------------|

## UI-2.3

4. **EMPLOYER DETAILS**

- 4.1 NAME OF EMPLOYER/COMPANY
- 4.2 UIF REF NUMBER
- 4.3 BUSINESS ADDRESS OF EMPLOYER:
- 4.4 POSTAL ADDRESS:
- 4.5 E-MAIL
- 4.6 Telephone Number  Code
- 4.7 Fax Number

5. **EMPLOYMENT DETAILS**

- 5.1 Occupation
- 5.2 Occ. Code

6. **PERIOD OF SERVICE**

- 6.1 Commencement of employment with employer
- 6.2 Termination of Service

7. **REMUNERATION/SALARY**

- 7.1 Gross pay (before deductions)
- 7.2 Salary Payment (PW or PM)

8. **SOURCES OF OTHER INCOME**

*During this period of unemployment have you received income from any of these sources? (Tick the box)*

- 8.1 Monthly Pension From State (Excluding Disability grant) ☐
- 8.2 Benefit from Compensation Fund for temporary or total disablement ☐
- 8.3 Benefits from an Unemployment Fund established by bargaining or statutory council ☐
- 8.4 None ☐

When did you begin to receive this benefit?

Do you continue to receive this benefit?

If you no longer receive this benefit when did it come to an end?

UI-2.3

1. ARE YOU STILL EMPLOYED      **YES** ☐    **NO** ☐

**NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.8 MUST ALSO BE COMPLETED.**

2. DATE OF COMMENCEMENT OF MATERNITY LEAVE: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. IF YOU HAVE RETURNED TO WORK, STATE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4.

**MEDICAL CERTIFICATE (to be completed by a medical practitioner or registered midwife)**

I, \_\_\_\_\_ am a qualified  
\_\_\_\_\_. My practice 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 on \_\_\_\_\_. \ The baby  
was stillborn on \_\_\_\_\_ \ had a miscarriage on  
\_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Tel No. \_\_\_\_\_

Address \_\_\_\_\_

**IMPORTANT : READ THIS SECTION BELOW:**

*If your application is successful then the claims officer will authorise the payment of benefits. You must also inform the claims officer as soon as you resume employment. I declare that the above information is true and correct. I understand that it is an offence to make a false statement.*

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

UI-2.4

**APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 28(1)**  
**Read with Regulation 6(1)****1. PERSONAL DETAIL**

- 1.1 Identity Document:
- 1.2 Passport Number
- 1.3 Other Identity/Reference Number
- 1.4 Date of Birth
- 1.5 Gender
- 1.6 First Names
- 1.7 Surname
- 1.8 Previous Surname
- 1.9 Postal Address   
 Code.....
- 1.10 Residential Address   
 Code.....
- 1.11 Telephone No  Code.....
- 1.12 Cell No
- 1.13 E-Mail Address
- 1.14 SARS Number

**2. PAYMENT DETAILS**

- 2.1 Name of Bank or Post Office
- 2.2 Branch Code
- 2.3 Account Number
- 2.4 Account Type

**3. METHOD OF PAYMENT: (Use the UI-2.7 form for Banking Details)**

|        |                          |      |                          |               |                          |       |                          |
|--------|--------------------------|------|--------------------------|---------------|--------------------------|-------|--------------------------|
| CHEQUE | <input type="checkbox"/> | CASH | <input type="checkbox"/> | BANK TRANSFER | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |
|--------|--------------------------|------|--------------------------|---------------|--------------------------|-------|--------------------------|

4. **EMPLOYER DETAILS**

4.1 NAME OF EMPLOYER/COMPANY

4.2 UIF REF NUMBER

4.3 BUSINESS ADDRESS OF EMPLOYER:

4.4 POSTAL ADDRESS:

4.5 E-MAIL

4.6 Telephone Number

Code .....

4.7 Fax Number

5. **EMPLOYMENT DETAILS**

5.1 Occupation

5.2 Occ. Code

6. **PERIOD OF SERVICE**

6.1 Commencement of employment with employer

6.2 Termination of Service

7. **REMUNERATION/SALARY**

7.1 Gross pay (before deductions)

7.2 Salary Payment (PW or PM)

8. **SOURCES OF OTHER INCOME**

*During this period of unemployment have you received income from any of these sources? (Tick the box)*

- 8.1 Monthly Pension From State (Excluding Disability grant) ☐
- 8.2 Benefit from Compensation Fund for temporary or total disablement ☐
- 8.3 Benefits from an Unemployment Fund established by bargaining or statutory council ☐
- 8.4 None ☐

When did you begin to receive this benefit? \_\_\_\_\_

Do you continue to receive this benefit? \_\_\_\_\_

If you no longer receive this benefit when did it come to an end? \_\_\_\_\_

## UI-2.4

1. ARE YOU STILL EMPLOYED      YES ☐    NO ☐

**NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.8 MUST ALSO BE COMPLETED.**

2. DATE OF COMMENCEMENT OF ADOPTION LEAVE: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. IF YOU HAVE RETURNED TO WORK, STATE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT : READ THIS SECTION BELOW**

***If your application is successful then the claims officer will authorise the payment of benefits. You must also inform the claims officer as soon as you resume work. I declare the above information is true and correct. I understand that it is an offence to make a false statement.***

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 31(1) Read with Regulation 7(1)**

**PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER: (NOTE: In the case of a surviving spouse if there is not a marriage certificate recognised as valid in terms of any law relating to marriage in force in the Republic of South Africa, supplementary documents required by the department regarding the circumstances of the matter should be attached)**

**1. PERSONAL DETAIL**

|      |                                 |                      |   |          |
|------|---------------------------------|----------------------|---|----------|
| 1.1  | Identity Document:              | <input type="text"/> |   |          |
| 1.2  | Passport Number                 | <input type="text"/> |   |          |
| 1.3  | Other Identity/Reference Number | <input type="text"/> |   |          |
| 1.4  | Date of Birth                   | <input type="text"/> |   |          |
| 1.5  | Date of Death                   | <input type="text"/> |   |          |
| 1.6  | Gender                          | Male                 | 5 | Female 0 |
| 1.7  | First Names                     | <input type="text"/> |   |          |
| 1.8  | Surname                         | <input type="text"/> |   |          |
| 1.9  | Previous Surname                | <input type="text"/> |   |          |
| 1.10 | Last Residential Address        | <input type="text"/> |   |          |
|      |                                 | Code.....            |   |          |
| 1.11 | Telephone No                    | <input type="text"/> |   |          |
|      |                                 | Code.....            |   |          |
| 1.12 | Cell No                         | <input type="text"/> |   |          |
| 1.13 | E-Mail Address                  | <input type="text"/> |   |          |
| 1.14 | SARS Number                     | <input type="text"/> |   |          |

**2. EMPLOYER DETAILS**

|     |                               |                      |  |  |
|-----|-------------------------------|----------------------|--|--|
| 2.1 | NAME OF EMPLOYER/COMPANY      | <input type="text"/> |  |  |
| 2.2 | UIF REF NUMBER                | <input type="text"/> |  |  |
| 2.3 | BUSINESS ADDRESS OF EMPLOYER: | <input type="text"/> |  |  |
|     |                               | <input type="text"/> |  |  |
| 2.4 | POSTAL ADDRESS:               | <input type="text"/> |  |  |
| 2.5 | E-MAIL                        | <input type="text"/> |  |  |
| 2.6 | Telephone Number              | <input type="text"/> |  |  |
|     |                               | Code .....           |  |  |
| 2.7 | Fax Number                    | <input type="text"/> |  |  |

## UI-2.5

3. **EMPLOYMENT DETAILS**

- 3.1 Occupation
- 3.2 Occ. Code

4. **PERIOD OF SERVICE**

- 4.1 Commencement of employment with employer
- 4.2 Termination of Service

5. **REMUNERATION/SALARY**

- 5.1 Gross pay (before deductions)
- 5.2 Salary Payment (PW or PM)

6. **PERSONAL DETAILS OF SPOUSE OR LIVE PARTNER**

- 6.1 Identity Document:
- 6.2 Passport Number
- 6.3 Other Identity/Reference Number
- 6.4 Date of Birth
- 6.5 Gender 

|      |   |
|------|---|
| Male | 5 |
|------|---|

|        |   |
|--------|---|
| Female | 0 |
|--------|---|
- 6.6 First Names
- 6.7 Surname
- 6.8 Previous Surname
- 6.9 Postal Address   
 Code.....
- 6.10 Residential Address   
 Code.....
- 6.11 Telephone No  Code.....
- 6.12 Cell No
- 6.13 E-Mail Address
- 6.14 SARS Number

UI-2.5

**7. PAYMENT DETAILS**

- 7.1 Name of Bank or Post Office
- 7.2 Branch Code
- 7.3 Account Number
- 7.4 Account Type

**8. METHOD OF PAYMENT:** (Use the UI-2.7 form for Banking Details)

|        |                          |               |                          |       |                          |
|--------|--------------------------|---------------|--------------------------|-------|--------------------------|
| CHEQUE | <input type="checkbox"/> | BANK TRANSFER | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |
|--------|--------------------------|---------------|--------------------------|-------|--------------------------|

**IMPORTANT : READ THIS SECTION BELOW**

***I declare that I am the only surviving spouse or life partner or one of \_\_\_\_\_ surviving spouses of the abovementioned deceased contributor, that I was not divorced from him/her and that information given in this document is true and correct. I understand that it is an offence to make a false statement.***

**SIGNATURE OF SURVIVING SPOUSE OR LIFE PARTNER:** \_\_\_\_\_**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

UI-2.6

**APPLICATION FOR DEPENDANT'S BENEFITS BY CHILD OF DECEASED IN TERMS OF SECTION 31(1) READ WITH REGULATION 7(1) AND 7(2)****1. PERSONAL DETAIL**

- 1.1 Identity Document:
- 1.2 Passport Number
- 1.3 Other Identity/Reference Number
- 1.4 Date of Birth
- 1.5 Date of Death
- 1.6 Gender 

|      |   |        |   |
|------|---|--------|---|
| Male | 5 | Female | 0 |
|------|---|--------|---|
- 1.7 First Names
- 1.8 Surname
- 1.9 Previous Surname
- 1.10 Last Residential Address   
 Code.....
- 1.11 Telephone No  Code.....
- 1.12 Cell No
- 1.13 E-Mail Address
- 1.14 SARS Number

**2. EMPLOYER DETAILS**

- 2.1 NAME OF EMPLOYER/COMPANY
- 2.2 UIF REF NUMBER
- 2.3 BUSINESS ADDRESS OF EMPLOYER:
- 2.4 POSTAL ADDRESS:
- 2.5 E-MAIL
- 2.6 Telephone Number  Code .....
- 2.7 Fax Number

**3. EMPLOYMENT DETAILS**

3.1 Occupation

3.2 Occ. Code

**4. PERIOD OF SERVICE**

4.1 Commencement of employment with employer

4.2 Termination of Service

**5. REMUNERATION/SALARY**

5.1 Gross pay (before deductions)

5.2 Salary Payment (PW or PM)

**6. GUARDIANS PERSONAL DETAILS:****RELATIONSHIP OF GUARDIAN TO DECEASED:**

6.1 Identity Document:

6.2 Passport Number

6.3 Other Identity/Reference Number

6.4 Date of Birth

6.5 Gender

Male

5

Female

0

6.6 First Names

6.7 Surname

6.8 Previous Surname

6.9 Postal Address

Code.....

6.10 Residential Address

Code.....

6.11 Telephone No

Code.....

6.12 Cell No

6.13 E-Mail Address

6.14 SARS Number

UI-2.6

**7. CHILD'S DETAILS (1)**

|     |                     |  |                                       |
|-----|---------------------|--|---------------------------------------|
| 7.1 | Identity Document:  | <input type="text"/>                   |                                       |
| 7.2 | Date of Birth       | <input type="text"/>                   |                                       |
| 7.3 | Gender              | Male <input type="text" value="5"/>    | Female <input type="text" value="0"/> |
| 7.4 | First Names         | <input type="text"/>                   |                                       |
| 7.5 | Surname             | <input type="text"/>                   |                                       |
| 7.6 | Postal Address      | <input type="text"/>                   |                                       |
|     |                     | <input type="text" value="Code....."/> |                                       |
| 7.7 | Residential Address | <input type="text"/>                   |                                       |
|     |                     | <input type="text" value="Code....."/> |                                       |

**8. PAYMENT DETAILS of Guardian \***

|     |                             |                      |
|-----|-----------------------------|----------------------|
| 8.1 | Name of Bank or Post Office | <input type="text"/> |
| 8.2 | Branch Code *               | <input type="text"/> |
| 8.3 | Account Number              | <input type="text"/> |
| 8.4 | Account Type                | <input type="text"/> |

**9. METHOD OF PAYMENT:** *(Use the UI-2.7 form for Banking Details)*

|        |                      |               |                      |       |                      |
|--------|----------------------|---------------|----------------------|-------|----------------------|
| CHEQUE | <input type="text"/> | BANK TRANSFER | <input type="text"/> | OTHER | <input type="text"/> |
|--------|----------------------|---------------|----------------------|-------|----------------------|

**IMPORTANT : READ THIS SECTION BELOW**

I declare that the information is true and correct. I understand that it is an offence to make a false statement..

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO: CLAIMS OFFICER**

Employers UIF Reference No.

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Full names of contributor:

[illegible]

I hereby certify that since \_\_\_\_/\_\_\_\_/\_\_\_\_, the contributor is on sick leave / maternity / leave due to the adoption of a child and has/will receive the following remuneration.

| GROSS PAY (before deduction) PM/PW | WHEN DID CONTRIBUTOR STOP WORK ON ACCOUNT OF ILLNESS/MATERNITY OR ADOPTION LEAVE |  |    |  | REMUNERATION DURING ILLNESS/MATERNITY OR ADOPTION LEAVE PAID TO CONTRIBUTOR (PM/PW) |
|------------------------------------|--|--|----|--|---|
|                                    | FROM   |  | TO |  |   |
|                                    | FROM   |  | TO |  |   |
|                                    | FROM   |  | TO |  |   |
|                                    | FROM   |  | TO |  |   |
|                                    | FROM   |  | TO |  |   |
|                                    | FROM   |  | TO |  |   |

(B) The contributor is expected to return to work on \has returned to work on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

|  |  |
|--|--|
| (C)  | Kindly state whether you are in receipt <b>OF INCOME FROM OTHER SOURCES</b><br>(mark <i>X</i> were 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 BARGAINING OR STATUTORY COUNCIL |  |
| 4. NONE  |  |

If mark *X* on 1-3:  
 When did you begin to receive this benefit? \_\_\_\_\_  
 Do you continue to receive this benefit? \_\_\_\_\_  
 If you no longer receive this benefit when did it come to an end? \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

## BUSINESS STAMP

## APPLICATION TO PAY BENEFITS INTO BANKING ACCOUNT

I, \_\_\_\_\_  
(Full name and surname in block letters)

[illegible]

NB: Documentary proof of bank account (eg. Bank statement, ATM slip, cancelled cheque) must be attached.

Date \_\_\_\_\_

[illegible]

**To be completed ONLY by the Bank/Building Society**

Name of Bank/Building Society \_\_\_\_\_

Account number

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

[illegible]

## Savings account

|                        |  |
|------------------------|--|
| <b>Savings account</b> |  |
|------------------------|--|

### Current account

|                        |  |
|------------------------|--|
| <b>Current account</b> |  |
|------------------------|--|

**Transmission  
account**

|                      |  |
|----------------------|--|
| Transmission account |  |
|----------------------|--|

Other \_\_\_\_\_;

|              |  |
|--------------|--|
| <b>Other</b> |  |
|--------------|--|

**Specify:**

**Specify:**

Information supplied by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Bank Official)

Signature of Bank Official

Bank Official Stamp



UI-3

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001**  
**APPLICATION FOR CONTINUATION OF PAYMENT FOR ILLNESS BENEFITS IN TERMS OF REGULATION 4(4)**

FORM MUST BE COMPLETED ON OR AFTER

ID NO.

I, hereby apply for continuation of illness benefits for the period of \_\_\_\_\_ to \_\_\_\_\_.

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)                           | <input type="checkbox"/> |
| 2. Benefit from Compensation Fund for temporary or total disablement                 | <input type="checkbox"/> |
| 3. Benefits from an Unemployment Fund established by bargaining or statutory council | <input type="checkbox"/> |
| 4. NONE  | <input type="checkbox"/> |

If any of above is applicable complete following questions:

When did you begin to receive this benefit? \_\_\_\_\_

Do you continue to receive this benefit? \_\_\_\_\_

If you no longer receive this benefit 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 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-125 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.

Signature of applicant

Date

**NB: IF YOUR BANKING DETAILS HAVE CHANGED, A FORM UI-284 MUST BE COMPLETED****MEDICAL CERTIFICATE**

(To be completed by an authorised practitioner in terms section 20(1)(c) of Act 63 of 2001)

I, \_\_\_\_\_ am a qualified \_\_\_\_\_

My practice number is \_\_\_\_\_. I confirm that \_\_\_\_\_

has been under my treatment from \_\_\_\_\_ to \_\_\_\_\_ and is suffering from \_\_\_\_\_

This patient was not capable of performing work from \_\_\_\_\_ to \_\_\_\_\_

If the nature of the illness is described in this medical certificate in uncertain terms or as "disease – entity" or "symptom complex", please furnish a clinical report describing the symptoms and nature of the complaint.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Tel No. \_\_\_\_\_

Address \_\_\_\_\_

UI-4

**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.

I, hereby apply for continuation of maternity benefits for the period of \_\_\_\_\_ to \_\_\_\_\_.

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)                           | <input type="checkbox"/> |
| 2. Benefit from Compensation Fund for temporary or total disablement                 | <input type="checkbox"/> |
| 3. Benefits from an Unemployment Fund established by bargaining or statutory council | <input type="checkbox"/> |
| 4. NONE  | <input type="checkbox"/> |

If any of above is applicable complete following questions:

When did you begin to receive this benefit? \_\_\_\_\_

Do you continue to receive this benefit? \_\_\_\_\_

If you no longer receive this benefit 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 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-125 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.

Signature of applicant

Date

**NB: IF YOUR BANKING DETAILS HAVE CHANGED, A FORM UI-284 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 \_\_\_\_\_, qualifications \_\_\_\_\_  
confirm that \_\_\_\_\_ gave birth on \_\_\_\_/\_\_\_\_/\_\_\_\_. The baby was stillborn  
on \_\_\_\_/\_\_\_\_/\_\_\_\_ had a miscarriage on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Tel No. \_\_\_\_\_

Address \_\_\_\_\_



UI 12

## Notice of appeal against a decision of the Commissioner or a claims officer

Application in terms of section 37(1) read with regulation 8(1)

A person entitled to benefits in terms of the Act may appeal against a decision of the Commissioner to suspend that person's right to benefits, or a decision of a claims officer relating to the payment or non payment of benefits. This Notice of appeal must be sent to the Appeal Committee, Unemployment Insurance Board, 94 Church Street, Pretoria, 0002.

### 1. Personal details

- 1.1 Name \_\_\_\_\_
- 1.2 ID number \_\_\_\_\_
- 1.3 Passport number \_\_\_\_\_
- 1.4 Residential address \_\_\_\_\_
- 1.5 Postal address \_\_\_\_\_
- 1.6 E mail address \_\_\_\_\_
- 1.7 Tel number (include the code) \_\_\_\_\_
- 1.8 Cell number \_\_\_\_\_

### 2. Employer details

- 2.1 Name of employer (prior to unemployment) \_\_\_\_\_
- 2.2 UIF reference number \_\_\_\_\_
- 2.3 Physical address \_\_\_\_\_
- 2.4 Postal address \_\_\_\_\_
- 2.5 E mail address \_\_\_\_\_
- 2.6 Tel number \_\_\_\_\_
- 2.7 Fax number \_\_\_\_\_

### 3. Decision appealed against

- 3.1 What decision are you appealing against?

\_\_\_\_\_

- 3.2 Which body made the decision?

\_\_\_\_\_

- 3.3 When was the decision made?

\_\_\_\_\_

3.4 When were you notified about the decision?

\_\_\_\_\_

3.5 Why are you appealing against the decision?

\_\_\_\_\_

3.6 In what respects do you think the decision is incorrect or unfair?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.7 What outcome do you seek from this appeal?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For official purposes**

On the \_\_\_\_\_ the Appeal Committee decided that the appeal was

☐ Successful

☐ Unsuccessful because \_\_\_\_\_

Signature of chairperson \_\_\_\_\_ Date \_\_\_\_\_

UI 13

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001****Referral of dispute to CCMA for arbitration**

Application in terms of section 37(2) read with regulation 9(1)

A person who is dissatisfied with the decision of the Appeal Committee may refer a dispute to the CCMA for arbitration within 30 days of receiving notification of the decision.

The person referring the dispute must serve it on the Commissioner by hand, registered post or fax, and then on to the CCMA (with proof of this service) in the province in which the application for benefits was considered.

**1. Personal details**

- 1.1 Surname \_\_\_\_\_
- 1.2 First Name \_\_\_\_\_
- 1.3 ID number \_\_\_\_\_
- 1.4 Passport number \_\_\_\_\_
- 1.5 UIF number (Employers reference No) \_\_\_\_\_
- 1.6 Residential address \_\_\_\_\_  
\_\_\_\_\_
- 1.7 Postal address \_\_\_\_\_
- 1.8 E mail address \_\_\_\_\_
- 1.9 Tel number (include the code) \_\_\_\_\_
- 1.10 Fax number (include the code) \_\_\_\_\_
- 1.11 Cell number \_\_\_\_\_

**2. Dispute details**

- 2.1 What is the nature of the dispute (ie what is the dispute about)?

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2.2 What factors do you think the Appeal Committee failed to consider?

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---

---

2.3 What other information do you want to draw to the CCMA's attention?

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---

2.4 What outcome do you seek from this arbitration?

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---

---

---

3. **Documents to attach to this form:**

- 3.1 Your Notice of appeal against a decision of the Commissioner or a claims officer
- 3.2 The decision from the Appeal Committee
- 3.3 Use additional pages if required

Signature \_\_\_\_\_

Date \_\_\_\_\_

UI 14

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001****Record of undertaking**

Record of undertaking in terms of Section 38 read with Regulation 10(1)

A labour inspector may secure an undertaking from an employer who has failed to comply with certain provisions of the Act.

I (name) \_\_\_\_\_ ID No \_\_\_\_\_

representing the employer (name of employer) \_\_\_\_\_ located

at (address of employer) \_\_\_\_\_

\_\_\_\_\_

admit that the employer has failed to comply with the Act in the following respects -

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The employer undertakes to rectify these acts or omissions by -

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of authorised employer representative

\_\_\_\_\_

Name of labour inspector

\_\_\_\_\_

Signature of labour inspector

\_\_\_\_\_

Witnesses

\_\_\_\_\_

Date

\_\_\_\_\_



**UNEMPLOYMENT INSURANCE ACT 63 OF 2001****Receipt of payment by employer**

Receipt of payment in terms of Section 38(2)(c) read with Regulation 10(2)

A labour inspector must provide a receipt in respect of payment received from an employer

I, \_\_\_\_\_ ID No \_\_\_\_\_ an inspector in the

Department of Labour, appointed in terms of the Act, acknowledge receipt of the amount

R \_\_\_\_\_ (sum also in words) \_\_\_\_\_

from \_\_\_\_\_ (employer's name) being an amount owed to

\_\_\_\_\_ in terms of section \_\_\_\_\_

of the Act 63 of 2001, and/or in terms of an undertaking dated \_\_\_\_\_

The amount was paid by (cheque / cash / other) \_\_\_\_\_

Received by: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

UI 16

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001****Issue of compliance order**

Issue of compliance order in terms of Section 39(1) and 39(2) read with Regulation 11

A labour inspector may issue a compliance order if he or she has reasonable grounds to believe that an employer has not complied a provision of the Act.

An employer may object to the Director-General, Labour within 30 days of receiving this order.

**1. Employer details**

- 1.1 Name of employer \_\_\_\_\_
- 1.2 Physical address \_\_\_\_\_  
\_\_\_\_\_
- 1.3 Postal address \_\_\_\_\_
- 1.4 E mail address \_\_\_\_\_
- 1.5 Address of each workplace \_\_\_\_\_  
\_\_\_\_\_
- 1.6 Tel number (include the code) \_\_\_\_\_
- 1.7 Fax number (include the code) \_\_\_\_\_

**2. Non compliance details**

- 2.1 You have failed to comply with the following section of the Act \_\_\_\_\_
- 2.2 You have failed to comply with a written undertaking in that you -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2.3 The extent of your non compliance is as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. The order**

3.1 You are ordered to pay the Fund the amount of \_\_\_\_\_

3.2 You are ordered to take the following steps:

---

---

---

---

---

3.3 If you fail to comply with the above the following steps maybe taken:

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---

---

---

---

Name of labour inspector

---

Signature of labour inspector

---

Date of issue

---

Date of service of compliance order to employer

---

Received by employer

---

UI 17

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001****Objection to compliance order**

Objection to compliance order in terms of section 40 read with regulation 12

An employer may object to a compliance order within 30 days of receiving the order by referring the dispute for resolution to the Director-General, Labour.

**1. Employer details**

- 1.1 Name of employer \_\_\_\_\_
- 1.2 Physical address \_\_\_\_\_
- 1.3 Postal address \_\_\_\_\_
- 1.4 E mail address \_\_\_\_\_
- 1.5 Tel number (include the code) \_\_\_\_\_
- 1.6 Fax number (include the code) \_\_\_\_\_

**2. Objection details**

- 2.1 To which portion of the compliance order do you object?
- \_\_\_\_\_
- 2.2 What is the nature of your objection?
- \_\_\_\_\_
- \_\_\_\_\_
- 2.3 Is there any other information you wish to draw to the Director's-General attention?
- \_\_\_\_\_
- 2.4 What outcome do you seek from this objection?
- \_\_\_\_\_

**3. Documents**

You must include:

- 3.1 The compliance order                      3.2 Record of undertaking (if applicable)

Signature \_\_\_\_\_

Date \_\_\_\_\_

UI-18

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001**  
Information about employees supplied by employer

FAX NO (012) 337-1943/1944

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

Employers must complete this form within 7 days of commencing activities as an employer and submit it to the UI Commissioner at the UIF, PRETORIA, 0052.  
**PLEASE NOTE: UI-19 MUST BE COMPLETED FOR CHANGE OF INFORMATION ABOUT EMPLOYEES**

## 1. EMPLOYER DETAILS

1.1 UIF Employer Reference. No \_\_\_\_\_ Branch No \_\_\_\_\_

1.3 Physical address \_\_\_\_\_

1.5 Address where employees listed in Item 2 work \_\_\_\_\_

(if different to the above address) \_\_\_\_\_

1.8 E mail address \_\_\_\_\_

1.9 Fax number \_\_\_\_\_

1.11 Authorised person \_\_\_\_\_

1.2 Name of employer: \_\_\_\_\_

1.4 Postal address: \_\_\_\_\_

1.6 PAYE Reference No. (If registered with SARS) \_\_\_\_\_

1.7 Company Registration No: \_\_\_\_\_

1.10 Tel number \_\_\_\_\_

## **2. EMPLOYEE DETAILS**

[illegible]

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

EMPLOYER SIGNATURE

DATE \_\_\_\_\_

<sup>1</sup> 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.

<sup>2</sup> Remuneration is defined in terms of section 1 of the Unemployment Insurance Contributions Act

3. Frequency of salary/wage payment ie. M=Monthly, W=Weekly, D=Daily and H=Hourly

<sup>4</sup> Total contribution = the amount payable by both employer and employee i.e. 2% X amount of column G

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

An employer must before the seventh day of each month inform the commissioner of any change arising during the previous month regarding the employer's contact details or employees remuneration details. The employer must forward this form to the UIF, PRETORIA, 0052.

## 1. EMPLOYER DETAILS

| 1.1 UIF Employer Reference. No | Branch No |
|--------------------------------|-----------|
|                                |           |

I.I UIF Employer Reference. No \_\_\_\_\_ Branch No \_\_\_\_\_

### 1.3 Physical address

**1.5 Address where employees listed in Item 2 work**

(if different to the above address)

### 1.8 E mail address

1.8 E mail address \_\_\_\_\_

1.9 Fax number \_\_\_\_\_

1.10 Tel number \_\_\_\_\_

1.11 Authorised person \_\_\_\_\_

## 2. EMPLOYEE DETAILS

[illegible]

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

EMPLOYER SIGNATURE

DATE \_\_\_\_\_

<sup>1</sup> 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.  
<sup>2</sup> Remuneration is defined in terms of section 1 of the Unemployment Insurance Contributions Act  
<sup>3</sup> Frequency of salary/wage payment ie. M=Monthly, W=Weekly, D=Daily and H=Hourly  
<sup>4</sup> Total contribution = the amount payable by both employer and employee i.e. 2% X amount of column G  
<sup>5</sup> Employers may also submit these details electronically from their payrolls or on the UIF's Website at [www.uif.gov.za](http://www.uif.gov.za) – Telephone no (012) 337 1680.