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

ID NO/ PASSPORT.																																										
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	IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS																																									
5.	5. Postal address:																																									
6.	Re	side	ntia	l add	ress	(If	diff	eren	t fr	om p	osto	al ac	ldre	ss)	•		•		•		•						•	•		•	Po	stal	cod	e	Ī							
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7.	Date	of (Com	mer	cen	ent	of a	Ado	pti	on I	eav	e:			/		_/_																									
7. Date of Commencement of Adoption Leave:/																																										
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>	> NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED																																									
I de	I declare that:																																									
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.																																										
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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.																																										
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