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UNEMPLOYMENT INSURANCE ACT 63 OF 2001

APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Regulation 7(1)

ATTECATION FOR	C DETENDANT 5 DET	LITTS DI SCI	K, I, II, II G SI O	CSE OK EII	L 1 / 11 (1 ()	LIV IIV	LIMIS) DEC	1011 50	ittau w	itii ittgui	ation /(1)	
A. PARTICULARS OF DECEASED CONTRIBUTOR:	<u>:</u>												
13 Digit Bar-Coded Identity Document/Passport Nu	Date of Birth (dd	Date of Birth (dd/mm/yy)			Gender								
				Male	?		Female						
First Names	<u> </u>	Surname	<u> </u>	-					Date of 1	Death	1		
Last Residential Address													
Last Residential Address					Code			1					
Details of previous application				_									
a) Name and ID/ passport No under which deceased app	olied:												
				_									
B. PARTICULARS OF SURVIVING SPOUSE OR LIF	E PARTNER: (NOTE: In t	the case of a surviving	g spouse(s), a marria	age certificate or	proof of custo	omary m	arriage, or r	eligious un	ion is requ	ired)			
40.00 ' 10.00 11.11 11.00 11.00 11.00	. 1.7	D . CD' . I . ()											
13 Digit Bar-Coded Identity Document/Passport	Number	Date of Birth (d	a/mm/yy)	Gende									
First Names		Cum	name	Male	?		Female						
THE INAMES		Sur	name										
Postal Address									Tel N	lo			
					Code								
Residential Address									Cell I	No			
					Code								
Occupation			E-Mail Ad	dress									
						·							
		· <u>- </u>											
Use the UI-2.8 form for Banking Details													
I declare that I am one of	curviving coo	ises or the o	nly survivin	a chouse	or life n	artno	r of the	ahov	mon+	ionad	decess	ad contri	huter
that I was not divorced from him/h								above		ioneu	uccease	eu contr	butui,
		•	n in this doc	ument is t	rue and	corre	ect.						
l understand that it is an offence to	ה make a talse sta	atement.											
Signature of applicant		Date	JJ										
				•									
SIGNATURE OF APPLICANT / PROXY	SIGNATURE OF O	FFICIAL		d from:									
SIGNATURE OF AFFEIGANT / FROXT				Claim approved								Office	Stamp
				Application refu				-					
				Claims officer (P	lease Print):								

Signature:

Date:

NO

COMPLETE

YES