



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  Male  Female

First Names

Surname

Date of Death

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

Independent child

Nominated beneficiary

13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy)

Gender  Male  Female

First Names

Surname

Postal Address

Code

Tel No

Residential Address

Code

Cell No

C. CHILD'S DETAILS:

First Names

Surname

Home Address

Code

D. CHILD'S DETAILS:

First Names

Surname

Home Address

Code

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