labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

UI-3

UIF
WORKING FOR YOU

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.*

1. Surname:

2. Previous surname: *(Only if it changed since your last declaration).*

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: ＿＿＿/＿＿＿＿/＿＿＿＿＿＿＿＿

NB: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED

CONFIRM YOUR BANKING DETAILS (This portion to be completed by applicant and is not necessary to be completed by Financial Institute)

Name of account holder ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Name of Financial Institution ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Branch code　　　　　　　　　　　　Account number

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 as declared by my employer on the prescribed form UI-2.7 submitted with my application form.
I declare that I am still incapacitated and unable to perform work. I declare further that the information provided is true and correct.
I am aware that it is an offence to willfully make a false statement.

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　　　＿＿＿＿/＿＿＿＿/＿＿＿＿＿
Signature of applicant　　　　　　　　　　　　　Date

MEDICAL CERTIFICATE
(To be completed by a registered practitioner in terms Section 20(1)(c) of Act 63 of 2001)

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

qualifications ＿＿＿＿＿＿＿＿. My Registration number is ＿＿＿＿＿＿＿＿ **OR** My Practise 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 ＿＿＿＿＿＿＿＿＿＿＿＿＿＿

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

Address ＿＿

NB! ➢ **THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF LABOUR OFFICE..**
　　➢ **NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.**
　　➢ **IN THE EVENT OF YOU RESUMING EMPLOYMENT YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW EMPLOYER TO SUBMIT A DECLARATION.**