labour
Department:
Labour
REPUBLIC OF SOUTH AFRICA

UIF WORKING FOR YOU

UI-2.6

UNEMPLOYMENT INSURANCE ACT 63 0F 2001
APPLICATION FOR DEPENDANT'S BENEFITS BY CHILD/CHILDREN OF DECEASED IN TERMS OF SECTION 31(1) 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 *5* Female *0*

First Names | **Surname** | **Date of Death**

Last Residential Address | **Code**

Details of previous application

a) Name and ID No under which deceased applied:

b) *Date of Application:* _____/____/_____

c) Office of application:

B. PARTICULARS OF APPLICANT: **RELATIONSHIP OF APPLICANT TO DECEASED:** _____

13 Digit Bar-Coded Identity Document/Passport Number | **Date of Birth (dd/mm/yy)** | **Gender** Male *5* Female *0*

First Names | **Surname**

Postal Address | **Code** | **Tel No**

Residential Address | **Code** | **Cell No**

Occupation | **Occ. Code** | **E-Mail Address**

Method of Payment

Use the UI-2.8 form for Banking Details

CHEQUE | *BANK TRANSFER* | *OTHER*

C. CHILD'S DETAILS:

First Names | **Surname**

Home Address | **Code** | **Date of Birth (dd/mm/yy)**

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:** _____/_____/_____

FOR OFFICIAL USE ONLY:

DOCUMENTS/INFORMATION SUBMITTED			
1. UI-19 (If Applicable)		8. If child is over 21 documentary proof that child is a learner	
2. Certified Copy of ID (Deceased/Applicant & Child)		9. Telephonic Verification	
3. Payslips		Contact Person: _____	
4. Proof of banking details - **UI-2.8**		Designation: _____	
5. Certified copy of birth certificate of child		Tel. No: _____	
6. Supplementary documents proving guardianship and relationship of child to deceased			
7. Certified Copy of ONE of the following documents			
(i) Death certificate (ii) Post-mortem certificate (iii) Burial order relating to the death of such contributor			

SIGNATURE OF OFFICIAL

REMUNERATION/SALARY

Gross pay (before deductions)	*Payment Frequency (PW or PM)*

Claim approved from: _____

Application refused in terms of: _____

Claims officer (Please Print):

_____

Signature: _____

Date: _____

OFFICE STAMP