labour
Department:
Labour
REPUBLIC OF SOUTH AFRICA

UI-4

UIF
WORKING FOR YOU

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR CONTINUATION OF PAYMENT FOR MATERNITY BENEFITS
IN TERMS OF REGULATION 5(3) AND 5(6)

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 maternity benefits and have not been entitled to my normal remuneration as declared by my employer on the prescribed form UI-2.7submitted with my application form.
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 - Should only be completed after of birth by a registered medical practitioner or midwife.

I, _____ am a qualified _____

qualifications _____. My Registration number is _____ **OR** My Practise number is: _____.

I confirm that _____ gave birth on _____.\ The baby was stillborn

on _____ \ had a miscarriage on _____.

Signature _____ Date _____ Tel No. _____

Address _____

NB!
- **MEDICAL PORTION NEED BE COMPLETED ONLY ONCE AFTER BIRTH OF THE CHILD.**
  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.**