



UNEMPLOYMENT INSURANCE ACT 63 OF 2001 DECLARATION TO CONFIRM UNEMPLOYMENT STATUS IN TERMS OF SECTION 17(4) READ WITH REGULATION 3

ID NO/PASSPORT.
1. Surname:
2. Previous surname: (Only if it changed since your previous application)
3. First names:
4. Telephone number: (a) Cell Number (b) Landline Number
IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS
5. Postal address:
6. Residential address: (If different from postal address) Postal code
7. (a) If you have commenced work indicate date:/
(b) Name of new employer: Contact number:
(c) If the Reduced Work Time period has come to an end indicate the date
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
NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED
 I declare that: I am unemployed and have not been employed since I last completed a continuation form and that I have not received remuneration or payment in kind for any work performed without notifying the Claims Officer. I am on Reduced Work Time I am aware of the fact that it is an offence to complete this continuation form while I am in employment/ not on Reduced Work Time without informing the Claims Officer that I have resumed work. I furthermore declare that the information given is true and correct. I am aware that it is an offence to willfully make a false statement.
Signature of applicant Date
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 OR BACK TO YOUR NORMAL WORKING HOURS YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).
Date Received: