



UI.6A

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

ID NO/PASSPORT

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1. Surname:

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2. Previous surname: (Only if it changed since your previous application)

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3. First names:

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4. Telephone number: (a) Cell Number

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 (b) Landline Number

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IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS

5. Postal address:

 Postal code

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6. Residential address: (If different from postal address)

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

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 Account number

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➤ **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 wilfully 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:

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