

[illegible]

- [illegible]

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

- [illegible]

I declare, except as stated in item 7, that I have not worked since the date of my application for maternity benefits and have not been entitled to my normal remuneration/or will receive a portion of my normal remuneration as declared by my employer on prescribed form UI-2.7 submitted with my application form.

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. In the event of an overpayment occurring as a result of this application I undertake that I will refund the full amount to the Fund.

Date \_\_\_\_\_

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

- 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/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).**

**MEDICAL CERTIFICATE** (to be completed by a medical practitioner or registered midwife)

I, \_\_\_\_\_ am a qualified \_\_\_\_\_. Qualifications \_\_\_\_\_

My registration number is \_\_\_\_\_. I confirm that \_\_\_\_\_ is under my treatment and is pregnant.

The expected due date of birth is \_\_\_\_\_.

**OR**

I confirm that \_\_\_\_\_ gave birth/ stillborn / miscarriage on \_\_\_\_\_.

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

Address \_\_\_\_\_

Date Received \_\_\_\_\_