



REGISTRATION

Please send the original of this form when you send us your UIF documents

1: Surname: _____

ID number: _____

Full Names: _____

3. When do you plan to go on maternity leave? _____

4. When is your baby due? _____

5. If your baby has already been born, what was the date of birth? _____

6. Contact Details:

• Cell: _____

• Home: _____

• Work: _____

• E-mail: _____

• E-mail while on leave: _____

7. Have you claimed UIF before, what was the reason and give dates? _____

8. How long have you been contributing to UIF consecutively? _____

9. Have you resigned and when? _____

9. Where did you hear about Baby Benefits? _____



Please note we also offer a registration service for *Domestic Workers*. Visit us at www.domesticuif.co.za

We also register *businesses* for UIF and Workman's Compensation. www.theregistrationcompany.co.za
