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Contents

<i>No.</i>		<i>Gazette No.</i>	<i>Page No.</i>
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS			
Labour, Department of/ Arbeid, Departement van			
R. 1421	Unemployment Insurance Act (63/2001): Amendment of Unemployment Insurance Act regulations.....	42821	4

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF LABOUR

NO. R. 1421

04 NOVEMBER 2019

DEPARTMENT OF EMPLOYMENT AND LABOUR**UNEMPLOYMENT INSURANCE ACT, 2001 (ACT NO. 63 OF 2001)****AMENDMENT OF UNEMPLOYMENT INSURANCE ACT REGULATIONS**

The Minister of the Department of Employment and Labour has, in terms of section 54 of the Unemployment Insurance Act, 2001 (Act No. 63 of 2001), and after consultation with the Unemployment Insurance Board, made the regulations in the Schedule that will come into operation as follows:

Regulation 5A of the Amendment Regulations will come into operation on date of publication.

Regulations 5B and 6(f) of the Amendment Regulations will come into operation from 01 April 2020.

**MR. T. W. NXESI, MP****MINISTER OF EMPLOYMENT AND LABOUR**

DATE: 31/10/2019

SCHEDULE

Definition

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 400 of 28 March 2002 as amended by Government Notice No. 536 of 23 April 2004, Government Notice No. R. 823 of 10 August 2005, Government Notice No. R. 948 of 5 October 2009 and Government Notice No. R. 1434 of 28 December 2018.

Insertion of regulation 5A in the Regulations

2. The following regulation is hereby inserted after regulation 5 of the Regulations:

"Application for parental benefits in terms of section 26B of the Act

- 5A.** (1) An application for parental benefits in terms of section 26B of the Act must be made at an employment office and must be in the form of a complete UI 2.9.
- (2) An applicant for parental benefits, when making the application, must submit -
- (a) an identity document;
 - (b) a full birth certificate of the child with full details of parents;
 - (c) a surrogate motherhood agreement in terms of the Children's Act, 2005 (Act No. 38 of 2005); or
 - (d) an interim court order placing the child in the care of the prospective adoptive parent pending the finalisation of an adoption order in respect of that child ;
 - (e) details of a valid bank account, in the form of UI 2.8; and
 - (f) remuneration received by the employee whilst still in employment, in the form of UI 2.7."

Insertion of regulation 5B in the Regulations

3. The following regulation is hereby inserted after regulation 5A of the Regulations:

"Application for commissioning parental benefit in terms of section 29B of the Act

- 5B** (1) An application for commissioning parental benefits in terms of section 29B of the Act must be made at an employment office and must be in the form of a complete UI 2.9.
- (2) An applicant for commissioning parental benefits, when making the application must submit -
- (a) an identity document;
 - (b) a surrogate motherhood agreement in terms of the Children's Act, 2005 (Act No. 38 of 2005);

- (c) details of a valid bank account in the form of UI 2.8;
- (d) remuneration received by the employee whilst still in employment, in the form of UI 2.7;
- and
- (e) birth certificate of the child with full details of parents.”

Amendment of regulation 6 of the Regulations

4. Regulation 6 of the Regulations is hereby amended by the insertion of the following paragraph after paragraph (e) of sub-regulation (2):

“(f) interim court order placing the child in the care of the prospective adoptive parent pending the finalisation of an adoption order in respect of that child.”

Amended forms

5. Forms 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 19 and 53 are hereby substituted for the evenly numbered forms in the Annexure.

New forms

6. Forms 2.1P; 2.2P; 2.3P; 2.4P; 2.9P; 2.12P; 2.9; and 2.12

Short title

7. These regulations are called the Unemployment Insurance Act Amendment Regulations, 2019 and shall come into operation as follows:

Regulation 5A of the Amendment Regulations will come into operation on date of publication

Regulations 5B and 6(f) of the Amendment Regulations will come into operation from 01 April 2020

UI-2.4P

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR PAYMENT OF ADOPTION BENEFITS
IN TERMS OF REGULATION 6(3)

Identity Document

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Surname:		
2. Previous surname: <i>(Only if it changed since your current applications)</i>		
3. First names:		
4. Contact Number		
IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS		
5. Postal address:		
6. Residential address: <i>(If different from postal address)</i>	Postal code	
7. If you have commenced work indicate date: ____/____/____		
> NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED		
I declare that : I declare, except as stated in item 7, that I have not worked since the date of my application for adoption 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.		
Signature of Applicant _____		
Date _____		
NB! > THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND 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 EMPLOYMENT AND LABOUR IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION.		

<u>Date Received</u>

UI-2.7

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
REMUNERATION RECEIVED BY THE EMPLOYEE WHILST STILL IN EMPLOYMENT**

To: The Claims Officer

Statement in respect of payment made to the undermentioned Contributor who is still in my employment but is unable to work due to illness; Maternity leave; Adoption Leave, Commissioning Parental leave, Parental leave or is on Reduced Working Time (RWT)

Full names of contributor: _____

Identity Document.																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer: _____

Employers UIF Reference No.

--	--	--	--	--	--	--	--

 /

--

(A) In terms of section 5(1)b, 19(1), 24(2), 26A(1), 27(3) and 29A(1) of the abovementioned Act, I hereby certify that the contributor would receive less than 100% of his/her remuneration as from ____/____/____ (full date) due to:

Parental Leave		Commissioning Parental leave (SURROGACY)		Illness Leave		Maternity Leave		Adoption Leave		Reduced working time	
----------------	--	--	--	---------------	--	-----------------	--	----------------	--	----------------------	--

Periods during which different rates of remuneration were received while on leave/RWT (TO BE INDICATED IN CALANDER MONTHS)				Gross remuneration received whilst on leave/RWT (Per month)
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		

(B) The contributor is expected to/has resumed full working hours on ____/____/____.

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT
DATE: ____/____/____

<p>EMPLOYER STAMP (if available)</p>

UI-53

NOMINATION FORM FOR UIF DEPENDANTS BENEFITS (PLEASE NOTE THAT NO ALTERATIONS ARE ACCETED ON THIS FORM)

I _____, Identity Document

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Employee's full name & surname)

Currently employed at _____ UIF Ref Number _____, hereby nominate the below individual(s) indicated to have access to my UIF Dependants Benefits in the event of my death.

1. SPOUSE / LIFE PARTNER

Surname	Full Names	Relationship to employee	Date of Birth	Identity Document

2. CHILD/REN UNDER THE AGE OF 21 OR LEARNER OR DEPENDANT CHILD

Surname	Full Names	Date of Birth	Identity Document

3. NOMINATED BENEFICIARY OF YOUR CHOICE *(if more than 1 nominee, the percentage must be allocated per nominee)*

Surname	Full Names	Date of birth	Valid ID/Passport/Permit Number	Relationship to employee	Allocated percentage
Total Percentage					100%

I, _____ the undersigned understand that my circumstances and those of the persons shown above as dependants and/or nominees may change. In the event there is a change, I undertake to complete and re-submit the form UI-53 to my Employer for submission to the Department of Employment & Labour.

Signed at: _____ on the _____

EMPLOYEE'S SIGNATURE_____
FULL NAME OF EMPLOYER REPRESENTATIVE_____
EMPLOYER'S SIGNATURE_____
DATE

- PLEASE NOTE THAT NO ALTERATIONS ARE ACCEPTED ON THIS FORM

UI-2.1

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(1) – Read with Regulation 3(1) and 12(1) B**

Identity Document:

Date of Birth (dd/mm/yy)

Gender: Male Female

First Names:

Surname:

Postal Address:

Code / Telephone No.

Residential Address:

Code

Cell No.

Occupation:

E-Mail Address:

Fax number:

Education:

SPECIAL SCHOOL CERT.	<input type="text"/>	<input type="text"/>	GRADE 8-9	<input type="text"/>	<input type="text"/>	GRADE 12
BELOW GRADE 8	<input type="text"/>	<input type="text"/>	GRADE 10-11	<input type="text"/>	<input type="text"/>	ABOVE GRADE 12

Details of previous application if Identity Document differs to current.

a) Name and ID No under which you applied:

FURTHER REQUIREMENTS (NOT MANDATORY TO REDUCED WORK TIME)		ONLY APPLICABLE TO REDUCED WORK TIME APPLICANTS		IMPORTANT: READ THIS SECTION BELOW:	
1. Are you registered as a workseeker with a Labour Centre established by the DOL?	Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	I declare that I am / was unemployed/ I am working reduced hours from _____ (indicate date).	
2. Are you capable and available for work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Are / Were you on Reduced Work Time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	In the event of my application being successful, the Claims Officer will authorise the payment of benefits.	
3. If you are not capable of and available for work, please explain: _____		3. Has your employer completed a UI-2.7?	Yes <input type="checkbox"/> No <input type="checkbox"/>	I also undertake to inform the Claims Officer as soon as I am re-employed or receiving "full/normal pay" and understand that failure to do so will constitute fraud.	
				In the event of an overpayment occurring as a result of any application I have submitted, I undertake that I will refund the full amount to the Fund.	

I declare that the above information is true and correct. SIGNATURE OF APPLICANT _____ DATE: ____/____/____	SIGNATURE OF OFFICIAL _____ DATE: ____/____/____	Claim approved from _____ Application refused in terms of _____ Claims Officer (please print) _____ Signature _____ Date _____	DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE STAMP
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**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT**

To be completed by the Financial Institution (Bank/Post Office)

NB: No alterations should be made on this form

Name of account holder _____,
(Full name and surname in block letters)

Identity Document

--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Financial Institution _____

Branch code

Account number

--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Indicate with an "X"

Savings account	<input type="checkbox"/>
------------------------	--------------------------

Current account	<input type="checkbox"/>
------------------------	--------------------------

Transmission account	<input type="checkbox"/>
-----------------------------	--------------------------

Dormant:	<input type="checkbox"/>
-----------------	--------------------------

Active	<input type="checkbox"/>
---------------	--------------------------

I declare that the abovementioned information is correct and complete in every aspect and that the Unemployment Insurance Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.

Name of Bank / Post Office official



Signature of Bank/ Post Office Official

Bank Stamp

Date: _____

To be completed by the Applicant

I, _____
(Full name and surname in block letters)

Identity Document

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Hereby authorise the Unemployment Insurance Commissioner/Claims Officer to pay my benefits, if approved, into the abovementioned account held at the Financial Institution, unless otherwise instructed in writing.

I declare that the information as furnished by the abovementioned Financial Institution is to my knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment being made into the provided banking account should this account be incorrect or incomplete.

Signature of applicant

Date

UI-2.12

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR COMMISSIONING PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A (1) Read with Regulation 6(1)

Identity Number										Identity document of child					Date of Birth (dd/mm/yy)		Gender							
																	Male		Female					
First name																								
Surname																								
Postal Address										Code					Code /Telephone No									
Residential Address										Code					Cell No									
Occupation										E-Mail Address										Fax Number				
Education										Grade					Grade									
SPECIAL SCHOOL CERT.										GRADE 8-9					GRADE 12									
BELOW GRADE 8										GRADE 10 - 11					ABOVE GRADE 12									

Details of previous application if Identity document differs from current
 a) Name and Identity document under which you applied:

ARE YOU STILL EMPLOYED YES NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:
 In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.
 In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

FOR OFFICIAL USE ONLY:		
I declare that the above information is true and correct. SIGNATURE OF APPLICANT Date: / /	SIGNATURE OF OFFICIAL Date: / /	Department of Employment and Labour Office Stamp Claim approved from: Application refused in terms of: Claims officer (Please Print): Signature: Date: / /

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR PAYMENT OF UNEMPLOYMENT BENEFITS
IN TERMS OF SECTION 17(4) READ WITH REGULATION 3**

Identity Document

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1.	Surname:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																																																										
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4.	Contact number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																																																										
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7. (a)	If you have commenced work indicate date: ____/____/____																																																																											
(b)	Name of new employer: _____															Employer Contact number: _____																																																												
(c)	If the Reduced Work Time period has come to an end indicate the date: ____/____/____																																																																											
> 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 submitted my application 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 *(if applicable)*
- 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 EMPLOYMENT AND 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 EMPLOYMENT AND LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).

Date Received:	
----------------	--

UI-2.2

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR ILLNESS BENEFITS IN TERMS OF SECTION 22(1)**

Identity Document	<input type="text"/>	Date of Birth (dd/mm/yy)	<input type="text"/>	Gender	<input type="text"/>
First Names	<input type="text"/>	Male	<input type="text"/>	Female	<input type="text"/>
Postal Address	<input type="text"/>				
Residential Address	<input type="text"/>	Code	<input type="text"/>	Code/Telephone No	<input type="text"/>
Occupation	<input type="text"/>	Code	<input type="text"/>	Cell No	<input type="text"/>
Education	<input type="text"/>	E-Mail Address	<input type="text"/>		
SPECIAL SCHOOL CERT.	<input type="text"/>	GRADE 8-9	<input type="text"/>	GRADE 12	<input type="text"/>
BELOW GRADE 8	<input type="text"/>	GRADE 10 - 11	<input type="text"/>	ABOVE GRADE 12	<input type="text"/>
Fax Number <input type="text"/>					

Details of previous application if Identity Document differs to current

a) Name and ID No under which you applied:

ARE YOU STILL EMPLOYED YES NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

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

Where a Proxy was appointed by Doctor or Legal Representative proof must be attached.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT _____ Date: / /	SIGNATURE OF OFFICIAL _____ Date: / /	Department of Employment and Labour Office Stamp _____ Claim approved from: Application refused in terms of: Claims officer (Please Print): Signature: Date: / /
---	---	---

MEDICAL CERTIFICATE (To be completed by a registered medical practitioner) I, _____ am a qualified _____ Qualifications _____ My Registration number is _____ I confirm that _____ is suffering from _____ (optional) This patient was not capable of performing work from _____ / _____ / _____ to _____ / _____ / _____ Signature _____ Date _____ Tel No. _____ Address _____ Medical Practice Stamp (if available)
--

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR MATERNITY BENEFITS IN TERMS OF SECTION 25(1)**

Identity Document

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (dd/mm/yy)

--	--	--

First Names _____
Surname _____
Postal Address _____
Code _____
Code/Telephone No _____
Residential Address _____
Code _____
Cell No _____
Occupation _____
E-Mail Address _____
Fax Number _____
Education _____

SPECIAL SCHOOL CERT.	GRADE 8-9
BELOW GRADE 8	ABOVE GRADE 12

Details of previous application if Identity Document differs to current.
a) Name and ID No under which you applied: _____

ARE YOU STILL EMPLOYED YES NO
NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

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

MEDICAL CERTIFICATE (to be completed by a registered medical practitioner or 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 _____ .
Medical Practice Stamp (If available)
Signature _____ Date _____
Tel No. _____
Address _____

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT Date: _____ / _____ / _____	SIGNATURE OF OFFICIAL Date: _____ / _____ / _____	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____ / _____ / _____
		Department of Employment and Labour Office Stamp

UI-2.4

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A(1) Read with Regulation 6(1)**

Identity document	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																					Identity document of child	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																					Date of Birth (dd/mm/yy)	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																					Gender	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:50%; text-align:center;">Male</td> <td style="width:50%; text-align:center;">Female</td> </tr> </table>	Male	Female
Male	Female																																																																				
First name		Surname																																																																			
Postal Address		Code		Code /Telephone No																																																																	
Residential Address		Code		Cell No																																																																	
Occupation		E-Mail Address										Fax Number																																																									
Education		GRADE 8-9		GRADE 12		GRADE 10 - 11		ABOVE GRADE 12																																																													

Details of previous application if Identity Document differs from current
 a) Name and Identity number under which you applied:

ARE YOU STILL EMPLOYED YES NO

**NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.
 IMPORTANT: READ THIS SECTION BELOW:**
 In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.
 In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.
FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT _____ Date: ____/____/____	SIGNATURE OF OFFICIAL _____ Date: ____/____/____	Department of Employment and Labour Office Stamp _____ Claim approved from: Application refused in terms of: Claims officer (Please Print): Signature: Date: ____/____/____
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**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Regulation 7(1)**

A. PARTICULARS OF DECEASED CONTRIBUTOR:

<i>Identity Document</i>	<input type="text"/>	<i>Date of Birth (dd/mm/yy)</i>	<input type="text"/>	<i>Gender</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>Date of Death</i>	<input type="text"/>	<input type="text"/>
<i>First Names</i>	<input type="text"/>	<i>Surname</i>	<input type="text"/>	Male	<input type="text"/>	Female	<input type="text"/>			
<i>Last Residential Address</i>	<input type="text"/>									
<i>Details of previous application if Identity Document differs to current</i>										
a) <i>Name and ID/ passport No under which deceased applied:</i>										
<input type="text"/>										

B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER

<i>Identity Document</i>	<input type="text"/>	<i>Date of Birth (dd/mm/yy)</i>	<input type="text"/>	<i>Gender</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>Tel No</i>	<input type="text"/>	
<i>First Names</i>	<input type="text"/>	<i>Surname</i>	<input type="text"/>	Male	<input type="text"/>	Female	<input type="text"/>	<i>Cell No</i>	<input type="text"/>	
<i>Postal Address</i>	<input type="text"/>									
<i>Residential Address</i>	<input type="text"/>	<i>Code</i>	<input type="text"/>							
<i>E-Mail Address</i>	<input type="text"/>	<i>Code</i>	<input type="text"/>							

I declare that I am one of _____ surviving spouses or the only surviving spouse or life partner of the abovementioned deceased contributor, that I was not divorced from him/her and that information given in this document is true and correct.

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.

I understand that it is an offence to make a false statement.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT _____ Date: ____/____/____	SIGNATURE OF OFFICIAL _____ Date: ____/____/____	Department of Employment and Labour Office Stamp _____ Claim approved from: Application refused in terms of: Claims officer (Please Print): _____ Signature: _____ Date: ____/____/____
--	--	--

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR DEPENDANT'S BENEFITS BY A GUARDIAN / DEPENDANT CHILD OR NOMINATED BENEFICIARY IN TERMS OF SECTION 30 READ WITH
REGULATION 7(1) AND 7(2)**

A. PARTICULARS OF DECEASED CONTRIBUTOR:

Identity Document

Date of Birth (dd/mm/yy) Gender Male Female

First Names Surname

Last Residential Address

Code

Date of Death

Details of previous application if Identity Document differs from current

a) Name and Identity Document under which deceased applied:

B. PARTICULARS OF APPLICANT:

Identity Document

First Names Surname

Postal Address

Residential Address

Code

Dependant child

Guardian of a minor child

Nominated beneficiary

Date of Birth (dd/mm/yy) Gender Male Female

Identity Document

First Names Surname

Postal Address

Residential Address

Code

Tel No

Cell No

C. CHILD'S DETAILS:

First Names Surname

Residential Address

Code

D.NOMINATED BENEFICIARY'S DETAILS:

First Names Surname

Residential Address

Code

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. I understand that it is an offence to make a false statement.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT Date: ____ / ____ / ____	SIGNATURE OF OFFICIAL Date: ____ / ____ / ____	Claim approved from: Application refused in terms of: Claims officer (Please Print): Signature: Date: ____ / ____ / ____ Department of Employment and Labour Office Stamp
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UI-2.9

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A (1) Read with Regulation 6(1)**

PLEASE SELECT THE TYPE OF BENEFITS YOU WISH TO APPLY FOR:

Parental
 Adoption
 Commissioning Parental

Identity Document

Identity Document of child

Date of Birth (dd/mm/yy)

Gender Male Female

First name

Surname

Postal Address

Code

Residential Address

Code

Occupation

E-Mail Address

Fax Number

Education

SPECIAL SCHOOL CERT.	<input type="checkbox"/>	<input type="checkbox"/>	GRADE 8-9	<input type="checkbox"/>	<input type="checkbox"/>	GRADE 12	<input type="checkbox"/>	<input type="checkbox"/>
BELOW GRADE 8	<input type="checkbox"/>	<input type="checkbox"/>	GRADE 10 - 11	<input type="checkbox"/>	<input type="checkbox"/>	ABOVE GRADE 12	<input type="checkbox"/>	<input type="checkbox"/>

Details of previous application if Identity Document differs from current
 a) Name and Identity Document under which you applied:

ARE YOU STILL EMPLOYED YES NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.
IMPORTANT: READ THIS SECTION BELOW:
 In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

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

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	SIGNATURE OF OFFICIAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Claim approved from: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Application refused in terms of: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Claims officer (Please Print): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Department of Employment and Labour Office Stamp		

MUHASHO WA ZWA MISHUMO NA VHASHUMI**MULAYO WA NDINDAKHOMBO YA VHUSHAYAMUSHUMO WA, 2001
(MULAYO WA VHU. 63 WA 2001)****U KHWINISWA HA NDAULO DZA MULAYO WA NDINDAKHOMBO YA U SA SHUMA**

Minisiṭa wa Muhasho wa zwa Mishumo na Vhashumi, nga fhasi ha tshiteṅwa tsha vhu 54 tsha mulayo wa Ndindakhombo ya Vhushayamushumo wa 2001 (Mulayo wa vhu 63 wa 2001) nga murahu ha mutangano na Bodo ya Ndindakhombo ya Vhushayamushumo, ndi sika Dzindaulo kha Sheduḷu dzine dza ḡo thoma u shuma nga ndila i tevhelaho:

Ndaulo 5A ya Dzindaulo dzo khwiniswaho ido thoma ushuma nga duvha ḷa nyandadzo

Ndaulo 5B na 6(f) ya Dzindaulo dzo khwiniswaho zwido thoma ushuma nga duvha ḷa 1 Lambamai 2020



MR. T. W. NXESI, MP

MINISIṬA WA ZWA MISHUMO NA VHASHUMI

DATUMU: 31/10/2019

SHEDULU

Tsalutshedzo

1. Kha shedulu iyi "Ndaulo" zwi amba ndaulo dzo anqadzwaho nga fhasi ha Nqivhadzo ya Muvhuso ya Vhu R. 400 ya ja 28 Thafamuhwe 2002 sa zwo khwiniswaho nga Nqivhadzo ya Muvhuso ya vhu 536 ya ja 23 Lambamai 2004, Nqivhadzo ya muvhuso ya Vhu R. 823 ya ja 10 Thangule 2005, Nqivhadzo ya Muvhuso ya Vhu R. 948 ya ja 5 Tshimedzi 2009 na Nqivhadzo ya Muvhuso ya Vhu R. 1434 ya ja 28 Nyendavhusiku 2018.

U dzheniswa ha ndaulo 5A kha Dzindaulo

2. Ndaulo i tevhelaho i khou dzheniswa nga murahu ha ndaulo 5 ya Dzindaulo:
"Khumbelo ya mbuelo dza mubebi zwi tshi tevhedza tshiteiwa tsha vhu 26B tsha Mulayo
 - 5A. (1) Khumbelo ya mbuelo dza mubebi zwi tshi tevhedza tshiteiwa tsha vhu 26B tsha Mulayo i tea u itwa kha ofisi ya zwa mishumo nahone i tea u vha i kha fomo yo qadzwaho ya UI 2.9.
 - (2) Muhumbeli wa mbuelo dza mubebi, musi a tshi khou ita khumbelo u tea u netshedza -
 - (a) jiwalo ja vhuqe;
 - (b) thanziela ya mabebo yo fhelelaho ya nwana ine ya vha na zwidombedzwa nga vhudalo zwa vhabebi;
 - (c) thendelano ya u vha mme wa mbebo nga thendelano (sarogeithi) zwi tshi tevhedza Mulayo wa Vhana wa 2005 (Mulayo wa vhu 38 wa 2005); kana
 - (d) ndaela ya kotho ya tshifhinganyana ine ya khou vhea nwana nga fhasi ha ndondolo ya mubebi ane a khou lavhelelwa u vha muunqi hu tshe ho imelwa khunyeledzo ya ndaela ya u vha muunqi wa nwana uyo;
 - (e) zwidombedzwa zwa akhaunthu ya bannga zwa vhukuma, nga fomo ya UI 2.8; na
 - (f) mbuelo ine ya tlanganedzwa nga mutholiwa musi a tshi khou shuma, nga fomo ya UI 2.7."

U dzheniswa ha ndaulo 5B kha dzindaulo

3. Ndaulo i tevhelaho i khou dzheniswa nga murahu ha 5A kha Dzindaulo:
"Khumbelo ya thendelo ya mbuelo dza mubebi zwi tshi tevhedza tshiteiwa tsha 29B tsha Mulayo
 - 5B (1) Khumbelo ya thendelo ya mbuelo dza mubebi zwi tshi tevhedza tshiteiwa tsha 29B tsha Mulayo i tea u itwa kha ofisi ya zwa mishumo nahone i tea u vha kha fomo yo qadzwaho ya UI 2.9.

(2) Muhumbeli wa thendelo ya mbuelo dza mubebi, musi a tshi khou ita khumbelo u tea u netshedza

-

(a) ĩnwalo ĩa vhuŋe;

(b) thendelano ya u vha mme wa mbebo nga thendelano (serogeithi) zwi tshi tevhedza Mulayo wa Vhana wa 2005 (Mulayo wa vhu 38 wa 2005);

(c) zwidodombedzwa zwa akhaunthu ya bannga zwa vhukuma, nga fomo ya UI 2.8;

(d) mbuelo ine ya tanganedzwa nga mutholiwa musi a tshi khou shuma, nga fomo ya UI 2.7"; na

(e) ĩhanziela ya mabebo yo fhelelaho ya n'wana ine ya vha na zwidodombedzwa nga vhuḁalo zwa vhabebi."

Khwiniso ya ndaulo 6 kha Dzindaulo

4. Ndaulo 6 kha dzindaulo i khou khwiniswa nga u dzhenisa phara i tevhelaho nga murahu ha phara (e) ya ndaulo ĩhukhu ya vhu (2):

"(f) ndaela ya khothe ya tshifhinganyana ine ya khou vhea n'wana nga fhasi ha ndondolo ya mubebi ane a khou lavhelelwa u vha muunḁi hu tshe ho imelwa khunyeledzo ya ndaela ya u vha muunḁi wa n'wana uyo." "

Fomo dzo khwiniswaho

5. Fomo 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8;19 na 53 dzi khou imelelwa nga fomo dza nomboro dzo sumbedzwaho kha Muengedzo.

Fomo ntswa

6. Fomo 2.1P; 2.2P; 2.3P; 2.4P; 2.9P; 2.12P; 2.9; na 2.12

ĩhoho pfufhi

7. Ndaulo idzi dzi vhidzwa Ndaulo dza Khwiniso ya Mulayo wa Ndindakhombo ya Vhushayamushumo dza 2019 dzine dza ḁo thoma u shuma nga ndila i tevhelaho:

Ndaulo 5A ya Dzindaulo dzo khwiniswaho ido thoma ushuma nga duvha la nyandadzo

Ndaulo 5B na 6(f) ya Dzindaulo dzo khwiniswaho zwido thoma ushuma nga duvha la 1 Lambamai
2020

UI-2.2P

MULAYO WA NDINDAKHOMBO YA VHUSHAYAMUSHO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO KHUMBELO YA MBADELO DZA MBUELO DZA U LWALA MBUELO DZA U LWALA ZWI TSHI TEVHEDZA TSHITENWA TSHA VHU 22

Liřwalo la Vhupе

Grid of 14 empty boxes for identification number

1. Tshifani: [Grid of 26 boxes]

2. Tshifani tsha kale: (Arali tsho shanduka u bva tshe vha řetshedza khumbelo yavho ya zwenezwino) [Grid of 26 boxes]

3. Madzina: [Grid of 26 boxes]

4. Nomboro ya Vhukwamani: [Grid of 10 boxes]

ARALI HA NGA VHA NA TSHANDUKO YA ĞIRESI KHA VHA SUMBEDZEA ZWIDODOMBEDZWA ZWAVHO ZWISWA

5. Ğiresi ya Poswo: [Grid of 26 boxes]

6. Ğiresi ya Vhudzulo: (Arali yo řhambana na Ğiresi ya poswo) [Grid of 26 boxes] Khoundu ya Poswo [Grid of 4 boxes]

7. Datumu ya u humela mushumoni: ____/____/____

Ndi khou ana uri :

Ndi khou ana, nga nda ha zwe zwa sumbedzwa kha tshitenwa tsha vhu 7, uri a thi athu u dovha nda shuma u bva řuvha je nda ita ngalo khumbelo ya mbuelo dza u unřa nahone ndo vha ndi sa khou wana muholo wo řowealeho/kana u řanganedza tshipiřa tsha muholo wanga wo řowealeho sa zwo sumbedzwaho nga mutholi wanga kha fomo ya UI-2.7 yo řetshedzwaho khatihi na fomo yanga ya khumbelo.

Ndi dovha hafhu nda ana uri zwidodombedzwa zwo řetshedzwaho ndi zwa vhukuma. Ndi a zwi řivha uri ndi mulandu u řetshedza tshitamennde tshi si tshavhukuma nga khole.

Arali ha nga badelwa masheleni o řiraho zwo itwa nga khumbelo iyi ndi khou řikumcedzela u humisela murahu masheleni o řhe nga vhuřalo kha Tshikwama.

Tsaino ya Muhumbeli

Datumu

NB: ARALI ZWIDODOMBEDZWA ZWAVHO ZWA BANNGA ZWO SHANDUKA VHA TEA U ĞADZA NA U HUMISELA FOMO YA-2.8

Hune fomo dzo sainwa nga Muimeleli kha vha nambatedze vhuřanzi ha u tiwa.

- NB! > FOMO IYI I TEA U ĞETSHEDZWA KHA OFISI YA MUHASHO WA ZWA MISHUMO NA VHASHUMI YA TSINISA NAVHO.
> FOMO DZO NO FHIRELWAHO NGA TSHIFHINGA A DZI NGA řANGANEDZWI.
> ARALI VHO THOMA U SHUMA HAFHU KANA VHO VHUELELA KHA AWARA DZAVHO DZA U SHUMA DZO ĞOWELEAHO, VHA TEA U ĞIVHADZA MUHASHO ZWA VHASHUMI NA MUSHUMO NGA U řAVHANYA NA U HUMBELA MUTHOLI MUSWA U ĞETSHEDZA MUANO (UI-19).

řHANZIELA YA ZWA DZILAFHO (Hu řadzwa nga mushumeli wa zwa mutakalo.)

Nře, _____ ndo phasa _____
ndalukano _____ . Nomboro yanga ya u řiřwalisa ndi _____ .
Ndi khou khwařhisedza uri _____ o farwa nga _____
Mulwadze uyu o vha a sa koni u shuma u bva nga řa _____ u swika _____
Tsaino: _____ Datumu: _____ Nomboro ya Luřingo _____
Ğiresi _____

Datumu ya u řanganedzwa

Tshiřemmbе tsha vhupo ha Dzilafho (arali tshi hone)

UI-2.1

MULAYO WA NDINDAKHOMBO YA VHU SHAYAMUSHUMO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO KHUMBELO YA MBUELO DZA VHUSHAYAMUSHUMO ZWI TSHI TEVHEDEZA TSHITENWA TSHA VHU 17(0) – TSHI tshi Vhalwa na Ndanulo 3(0) na 12(1) B

Lihwalo la Vhunge

Madzina

Datuma ya Mabebo (dd/mm/yy)

Mbeu
 Muma _____ Mufumakadzi _____
 Tshifani _____

Diresi ya Poswo

 Khoodu/Nomboro ya LuJingo _____

Diresi ya Vhudzulo

 Khoodu _____
 LuJingothendeleki _____

Mushumo

 Diresi ya Imefji _____
 Nomboro ya Fekisi _____

Pfanzo

GIREIDI 8-9	GIREIDI 12
GIREIDI 10 - 11	NTHA HA GIREIDI 12

Zwidombedeza zwa khumbelo yo fhirabo arali Lihwalo la Vhunge lo fhambana na ja zwiwo.

a) *Dzina na ID zve vha ita khumbelo ngazwo:*

DZINWE IHODEA (A ZWI KOMBETSHEDEZWI KHA TSHIFHINGA TSHA MUSHUMO TSHO FHUNGUDZWAHO)	ZWI SHUMA FHEDEZI KHA VHAHUMBELI VHA TSHIFHINGA TSHA MUSHUMO TSHO FHUNGUDZWAHO	ZWA NDEME: KHA VHA VHALE TSHITENWA ITSHI RE AFHO FHASI:
1. Vho qfirwalisa sa mufoji wa mushumo kha senthara ya zwa Mushumo yo thomiwaho nga DOL? Ee Hai	1. Vha khou shuma? Ee Hai	Ndi khou ana uri ndi khou/ndo vha ndi sa shumi/ ndi khou shuma awara dzo fhungudzawaho u bva nga ja Arali khumbelo yanga ya tendelwa, Muofisiri wa Mbilo u dfo tendela mbadeho dza mbudeho. _____ (kha vha sumbedze datumu).
2. Vha a kona u shuma nahone vho qdimisela u shuma? Ee Hai	2. Vha kha vho vha vha kha Tshifhinga tsha Mushumo tsho Fhungudzawaho? Ee Hai	Ndi khou do vha nda qfikumedzeta uri ndi dfo qdihadzira Muofisiri wa Mbilo nga u tavhanya ndi tshi tou wana mushumo kana u pangamedza "mubolo wo fhelaleho/wo qoveteaho" na u pleswa uri u kundelwa u ita izwo zwi dziniwa sa vhu fhuura.
3. Arali vha sa koni u shuma na u qdimisela u shuma. Kha vha latshedeze: _____ Ee Hai	3. Mutholi wawho o ghadza fomo ya UI-2.7? Ee Hai	Arali ha nga vha na mbadeho dzo fhirabo zwo vhangvya nga khumbelo ifhwe na ifhwe ye nda dfo tshedeza, ndi khou qfikumedzeta uri ndi dfo humisa masiheleni ofhwe nga vhu dgalalo kha Tshikwama.

DATUMU: _____ / _____ / _____ Ndi khou ana uri zwidombedzwa zwi re afho ofha ndi zwa shukuma. TSAINO NGA MUHUMBELI	DATUMU: _____ / _____ / _____ TSAINO NGA MUOFISIRI	DATUMU: _____ / _____ / _____ Mbilo yo tendelwa kha Khumbelo yo hanelwa zwi tshi tevhedza _____ Muofisiri wa Mbilo (kha vha fhwale nga vhu dgalalo) _____ Tsaino _____ Datumu _____	TSHITEMBE TSHA OFISI YA ZWA MISHUMO NA VHASHUMI
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UI-2.12

**MULAYO WANINDAKHOMBO YA VHUŠAYAMUŠHUMO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO
KHUMBELo YA THENDELO YA MBUELO DZA MUBEBI ZWUTSHI TEVEDZA TSHITENWA TSHA 56A (1), 27(3) NA 29A (1) TSHI TSHI KHOU VHWATWA NA NDAULO 6(1)**

Nomboro ya Vhuŋe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Dzina	<input type="text"/>																			
Ūiresi ya Poswo	<input type="text"/>																			
Ūiresi ya vhuɓzulo	<input type="text"/>																			
Muŋhumo	<input type="text"/>																			
Plunzo	<input type="text"/>																			
T HANZELA YA TSHIKOLO T SHA TSHIPESHALA.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHASI HA GIREIDI 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Muma	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mubeu	Mutumakadzi																		

Datamu ya Mabebo (dd/mm/yy)

Tshifani

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Khoudu	Khoudu	Khoudu /Nomboro ya lufingo		
Khoudu	Khoudu	Nomboro ya lufingohendeleki		

Ūiresi ya lmejji	<input type="text"/>
Nomboro ya felisi	<input type="text"/>

GIREIDI 8-9	GIREIDI 12
GIREIDI 10- 11	NTHA HA GIREIDI 12

Zwidombbedzwa zwa khumbelo yo firiraho arali jhwalo ja vhuŋe lo fhambana na ja zwiino

a) *Dzina na jhwalo ja vhuŋe je vha na khumbelo ngalo:*

VHA KHA ŪI SHUMA _____

NB: ARALI VHA TSHI KHA ŪI SHUMA, HU TEA U ŪADZWA FOMO YA UI 2.7.

EE	HAI
----	-----

ZWA NDEME: KHA VHA VHALE TSHITENWA ITSHI AFHO PHASI:

Arali khumbelo ya nga tendelwa, Muofisiri wa Mbilo u ūo tendela mbedelo dza mbuelo. Ndi khou dovha nda dzhia vhuŋehinduleli ha u ūo gvyhadza Muofisiri wa Mbilo nga u gvyhanya ndi tshi tou wana muhwe mushumo na u pfesesa uri u kundelwa u ita nguralo zwi ūo vha hu vhuŋhura.

Arali ha nga itwa mbedelo dzo firiraho zwo vhangwa nga khumbelo ifwe na ifwe yo ūesetshedzawaho, ndi khou fulufhedzisa uri ndi ūo humisela murahu masheleni nga vhuŋgalo kha Tshikwana.

<p>TSAINO NGA MUHUMBELI</p> <p>Ndi khou ana uri zwidombbedzwa zwi re alho njha ndi zwa vhuŋkuma.</p> <p>DATUMU: _____ / _____ / _____</p>	<p>TSAINO NGA MUOFISIRI</p> <p>DATUMU: _____ / _____ / _____</p>	<p>TSHITENWA TSHA OPISI YA ZWA MISHUMO NA VHASHUMI</p> <p>Mbilo yo tendelwa kha _____</p> <p>Khumbelo yo hanelwa zwi tshi tevedza _____</p> <p>Muofisiri wa Mbilo (kha vha ifwale nga vhuŋgalo) _____</p> <p>Tsaino _____</p> <p>Datamu _____</p>
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UI-2.12P

MULAYO WA NDINDAKHOMBO YA VHUSHAYAMUSHUMO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO KHUMBELO YA MBUELO YA THENDELO YA MUBEBI ZWI TSHI TEVHEDZA NDAULO YA VHU 6(3)

Liřwalo la Vhufe

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1. Tshifani:																									
2. Tshifani tsha kale: <i>(Arali tsho shanduka u bva tshe vha ita khumbelo ya zwenezwino)</i>																									
3. Tshifani:																									
4. Nomboro ya Vhukwanani																									
ARALI HO VHA NA TSHANDUKO YA ĞIRESI KHA VHA SUMBEDZE ZWIDOMBEDZWA ZWISWA																									
5. Ğiresi ya poswo:																									
6. Ğirsi ya vhudzulo: <i>(Arali i sa fani na Ğiresi ya poswo)</i>																									
7. Arali vho thoma mushumo kha vha sumbedze datumu: ____/____/____																									
➤ NB! ARAI ZWIDOMBEDZWA ZWAVHO ZWA BANNGA ZWO SHANDUKA VHA TEA U ĞADZA NA U HUMISELA FOMO YA-2.8																									
Ndi khou ana uri :																									
Ndi khou ana, nga nda ha zwe zwa sumbedzwa kha tshiteřwa tsha vhu 7, uri a thi athu u dovha nda shuma u bva Ğivha Je nda ita ngalo khumbelo ya mbuelo dza thendeloya mbuelo dza mubebi nahone ndo vha ndi sa khou wana muholo wo Ğoweleaho/kana u řanganedza tshipiřa tsha muhoho wanga wo Ğoweleaho sa zwo sumbedzwaho nga mutholi wanga kha fomo ya UI-2.7 yo řetshedzwaho khathihi na fomo yanga ya khumbelo.																									
Ndi dovha hafhu nda ana uri zwidombedzwa zwo řetshedzwaho ndi zwa vhukuma. Ndi a zwi Ğivha uri ndi mulandu u řetshedza tshitatennde tshi si tsha vhukuma nga khole.																									
Arali ha nga badelwa masheleni o fhiraho zwo itwa nga khumbelo iyi ndi khou Ğikumedzela u humisela murahu masheleni oře nga vhudalo kha Tshikwama																									
Tsaino ya Muhumbeli _____												Datumu _____													
NB! <ul style="list-style-type: none"> ➤ FOMO IYI I TEA U ĞETSHEDZWA KHA OFISI YA MUHASHO WA ZWA MISHUMO NA VHASHUMI YA TSINISA NAVHO. ➤ FOMO DZO NO FHIRELWAHO NGA TSHIFHINGA A DZI NGA řANGANEDZWI. ➤ ARAI VHO THOMA U SHUMA HAFHU KANA VHO VHUELELA KHA AWARA DZAVHO DZA U SHUMA DZO ĞOWELEAHO, VHA TEA U ĞIVHADZA MUHASHO ZWA VHASHUMI NA MUSHUMO NGA U řAVHANYA NA U HUMBELA MUTHOLI MUSWA U ĞETSHEDZA MUANO. 																									

Datumu ya u řanganedzwa

MULAYO WA NDINDAKHOMBO YA VHUSHAYAMUSHO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO
KHUMBELO YA MBADELO DZA VHUSHAYAMISHUMO
ZWI TSHI TEVHEDZA TSHIPIQA TSHA VHU 17(4) TSHI TSHI VHALWA NA NDAULO YA VHU 3

Lirhwalo la Vhuqe

Grid of 20 empty boxes for identification or registration details.

Main form area containing sections for: 1. Tshifani; 2. Dzina la kale; 3. Madzina; 4. Nomboro ya Vhukwamani; ARALI DIRESI YO SHANDUKA KHA VHA SUMBEDZE ZWIDOMBEDZWA ZWISWA; 5. Diresi ya Poswo; 6. Diresi ya Vhudzulo; 7. (a) Arali vho thoma mushumo kha vha sumbedze datumu; (b) Dzina la mutholi muswa; (c) Arali Tshifhinga tsha Mushumo tsho Fhungudzwaho tsho fhela kha vha sumbedze datumu; ARALI ZWIDOMBEDZWA ZWAVHO ZWA BANNGA ZWO SHANDUKA VHA TEA U DADZA NA U HUMISELA FOMO YA-2.8; Ndi khou ana uri; NB! FOMO IYI I TEA U NETSHEDZWA KHA OFISI YA MUHASHO WA ZWA MISHUMO NA VHASHUMI YA TSINISA NAVHO.

Datumu ya u Tanganedzwa: [Empty box]

UI-2.2

MULAYO WA NDIINDAKHOMBO YA VUHSHAYAMUSHUMO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO KHUMBELO YA MBUELO DZA U LWALA ZWI TSHI TEVHEZDA TSHITENWA TSHA VHU 22(I)

Lifwalo ja vhuqe

Mudzina

Datumu ya mabebo (dd/mm/yy)

Mbeu

Mumma

Mufumakadzi

Tshifani

Khoutu /Nomboro ya Luŋgo

giresi ya Poswo

Khoutu

Nomboro ya Luŋgothendeleki

Diresi ya Vhudzulo

Khoutu

Mushumo

Diresi ya Imejji Nomboro ya Fekisi

Pfanzo

GIREIDI 8-9	GIREIDI 12
GIREIDI 10 - 11	NTHA HA GIREIDI 12

THANZIELA YA TSHIKOLO
TSHA TSHIPENTSHALA.
FHASI HA GIREIDI 8

Zwidombedzwa zwa khumbelo yo hiraho arali Lifwalo ja Vhuqe le fhuambana na ja zwino

a) Dzina na ID ye vha ita khumbelo ngazwo:

VHA KHA DI SHUMA

EE

HAI

NP: ARALI VHA TSHI KHA DI SHUMA, FOMO YA UI 2.7 I TEA U DADZWA.

ZWA NDEME: KHA VHA VHALE TSHITENWA ITSHI AFHO PHASI:

Arali khumbelo ya nga tendelwa, Muofisiri wa Mbilo u go tendela mbadelo dza mbuelo. Ndi khon dovha nda dzhia vhuqfihndileli ha u go qvhadza Muofisiri wa Mbilo nga u javhanya ndi tshi tou wama muhwe mushumo na u pfesesa uri u kundelwa u ita nguralo zwi go vha hu vhuftura.

Arali ha nga itwa mbadelo dzo hiraho zwo vhangwa nga khumbelo fwe na fwe yo qeshedzawo, ndi khou fufuhedzisa uri ndi go humisela murahu masheleni qhe nga vhuqalo kha Tshikwama.

Arali ho vha ho nangwa mumedeli nga Dzaketa kana Mumedeli wa zwa Mulayo hu tea u gamba tedzwa vhuantzi.

Ndi khon ana uri zwidombedzwa zwi re atho ntha ndi zwa vhuakuma.

TSAINO NGA MUHUMBELI

DATUMU: / /

TSAINO NGA MUOFISIRI

DATUMU: / /

Mbilo yo tendelwa kha

Khumbelo yo hanelwa zwi tshi tshedza

Muofisiri wa Mbilo (kha vha fhwale nga vhuqalo)

Tsaino

Datumu

TSHITAMBE TSHA OFISI YA ZWA MISHUMO NA VHASHUMI

THANZIELA YA DZILAPHO (Hu dadzwa nga mushumeli wa zwa mutakabo)

Npe, ndo phasa Ndalukano o farwa nga

Nomboro yanga ya u qfirwalisa ndi Ndi khon khwaghisedza uri (vha tou nangga)

Mulwadze uyu o vha a sa komi u shuma u bva nga ja u swika ja

Tsaino Datumu Diresi

Nomboro ya Luŋgo

Tshitembe tsha Vhupo ha Dzilafo (arali tshi hone)

UI-2.3

MULAYO WA NDIKAKHOMBO YA VUHSHAYAMUSHUMO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO KHUMBELO YA MBELO YA LIVI YA VHUDAZDE ZWI TSHI TEVEDZA TSHITENWA TSHA VHU 25(1)

Lithwalo la Vhugo

Madzina _____

Datumu ya mabebo (dd/mm/yy) _____

Tshifani _____

Diresi ya Poswo _____

Khoudu / Nomboro ya Lufingo _____

Diresi ya Vhudzilo _____

Nomboro ya Lufingotheendeki _____

Mushumo _____

Nomboro ya Fekisi _____

Pfunzo

		GIREIDI 8-9	GIREIDI 112
		GIREIDI 10 - 11	NTHA HA GIREIDI 12

THANZIELA YA TSHIKOLO TSHA TSHIPENTSHALA

FHASI YA GIREIDI 8

Zwidombedzwa zwa khumbelo yo fibratho arali lithwalo la vhugo lo fhambana na le zwiwo.

a) Dzina na nomboro ya ID zwe vha ita khumbelo nga fhasi hazwo:

VHA KHOU SHUMA EE HA I

NB: ARAALI VHA TSHI KIA PI SHUMA, FOMO YA UI-2.7 I TEA U QADZWA.

ZWA NDEME: KIA VHA VHALE TSHITENWA ITSII AFHO PHASI.

Arali khumbelo ya nga tendelwa, Muofisiri wa Mbilo u dfo tendela mbadelo dza mibelo. Ndi khou dovha nda dzhia vhuqinduleti ha u dfo dvhadza Muofisiri wa Mbilo nga u fahanya ndi tshi tou wana muhwe mushumo na u ptesa uri u kumdelwa u ita ngauralo zwi dfo vha hu vhuflura.

Arali ha nga itwa mbadelo dzo fibratho zwo vhangwa nga khumbelo ifwe na ifwe yo pteshedzwa, ndi khou fufuthedzisa uri ndi dfo humisela muratho mshedeni ofhe nga vhuqato kha Tshikwama

TSAINO NGA MUOFISIRI

Mbilo yo tendelwa kha _____

Khumbelo yo hanelwa zwi tshi tevedza _____

Muofisiri wa Mbilo (kha vha rhwale nga vhuqato) _____

Tsaino _____

Datumu _____

DATUMU: _____ / _____ / _____

TSAINO NGA MUOFISIRI

Mbilo yo tendelwa kha _____

Khumbelo yo hanelwa zwi tshi tevedza _____

Muofisiri wa Mbilo (kha vha rhwale nga vhuqato) _____

Tsaino _____

Datumu _____

DATUMU: _____ / _____ / _____

THANZIELA YA ZWA DZILAFHO (I tea u qadzwa nga mushumefi wa zwa mutakalo kana muhebisi o dhwalsaho)

Npe: _____ ndo phasa _____ . Ndulukano _____

Nomboro yanga ya u dhwalsisa ndi _____ . Ndi khou khwahisesdza uri _____ ndi khou u mu lutha nahone o dhwala _____

Datumu ine a khou lavhalelwa uri u dfo vhotholowa ngayo ndi _____

K4V4 _____

Ndi khou khwahisesdza uri _____ o vhotholowa /o wana rhwama /o vhotholowaho _____

Tsaino _____ Datumu _____

Nomboro ya lufingo, _____

Diresi _____

Tshifembe tsha Vhupo ha Dzilafho (Arali tshi hone)

TSHITEMBE TSHA OFISI YA ZWA MISHUMO NA VHASHUMI

Mbilo yo tendelwa kha _____

Khumbelo yo hanelwa zwi tshi tevedza _____

Muofisiri wa Mbilo (kha vha rhwale nga vhuqato) _____

Tsaino _____

Datumu _____

DATUMU: _____ / _____ / _____

UI-2.4

MULA YO WA NDINDAKHOMBO YA VHUSHA YAMUSHUMO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO
KHUMBELO YA MBUELO DZA U UNDA ZWI TSHI TEVHEDEZA TSHITENWA TSHA VHU 26A (1), 27(3) NA 29A(1) TSHI TSHI VHALWA NA N DABO 6(1)

Lufwalo ja vhupe _____ Mbeu _____ Mufumakadzi _____
 Lufwalo ja vhupe ja hwana _____ Datumu ya Mabebo (dd/mm/yy) _____
 Dzina _____ Tshifani _____
 Diresi ya Poswo _____ Khoundu/Nomboro ya Lufingo _____
 Diresi ya Vhudzalo _____ Khoundu _____ Nomboro ya Lufingothendeleki _____
 Mushumo _____ Nomboro ya fekisi _____
 Pfunzo _____ Nomboro ya Ineji _____
 THANZIELA YA TSHIKOLO _____ GIREIDI 8-9 _____
 TSHA TSHIPENTSHALA _____ GIREIDI 10 - 11 _____
 FHASI HA GIREIDI 8 _____ NTSHA HA GIREIDI 12 _____

Zwidombedzwa zwa khumbelo yo fhiraho arali Lufwalo ja vhupe jo fhaambana na ja zwino

a) *Dzina na jinvato ja vhupe je vha ita khumbelo ngalo:*

VHA KHA D'ISHUMA

EE

HAI

NB: ARA LI VHA TSHI KHA D'ISHUMA, FOMO YA UI 2.71 TEA U DADZWA.

ZWA NDEME: KIA VHA VHALE TSHITENWA ITSHI AFHO FHASI.

Arali khumbelo ya nga tendelwa, Muofisiri wa Mbilo u do tendeta mbatedo dza mbuelo. Ndi khou do vha nda dzhia vhu g'ifhitudulei ha u do g'iyhadza Muofisiri wa Mbilo nga u f'vhaanya ndi tshi tou wana murwe mushumo na u p'eseza uri u kundelwa u ita ngauralo zwi do vha hu vhu fhuura.

Arali ha nga itwa mbatedo dzo fhiraho zwo vhangwa nga khumbelo ifwe na ifwe yo g'etschedzwa, ndi khou futufudza uri ndi do humisela murahu masheleni ofhe nga vhu g'alo kha Tshikwama.

N di khou ana uri zwidombedzwa zwi re aho njha ndi zwa

vhu kuma.

TSAINO NGA MUHUMBELI

TSAINO NGA MUOFISIRI

Mbilo yo tendelwa kha

Khumbelo yo hanelwa zwi tshi tevhedza

Muofisiri wa Mbilo (kha vha hwale nga vhu g'alo)

Tsaino

Datumu

DATUMU: _____ / _____ / _____

DATUMU: _____ / _____ / _____

TSHITEMBE TSHA OPISI YA ZWA MISHUMO NA
VHASHUMI

UI-2.4P

MULAYO WA NDINDAKHOMBO YA VHUSHAYAMUSHUMO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO
KHUMBELO YA MBUELO DZA U UNQA
ZWI TSHI TEVHEDZA NDAULO YA VHU 6(3)

Liñwalo la Vhufe

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1. Tshifani:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																														
2. Tshifani tsha kale: (Arali tsho shanduka u bva nga tshifhinga tsha khumbelo yavho ya zwenezwino)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																														
3. Madzina:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																														
4. Nomboro ya Vhukwamani	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																														
ARALI HO VHA NA TSHANDUKO YA QIRESI KHA VHA SUMBEDZE ZWIDODOMBEDZWA ZWAVHO ZWISWA																																															
5. Qiresi ya poswo:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																														
6. Qiresi ya Vhudzulo: (Arali yo fhambana na qiresi ya poswo)	Khoudu ya poswo	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																													
7. Arali vho thoma mushumo kha vha sumbedze datumu: ____/____/____																																															
> NB! ARALI ZWIDODOMBEDZWA ZWAVHO ZWA BANNGA ZWO SHANDUKA VHA TEA U QADZA NA U HUMISELA FOMO YA UI-2.8																																															
<p>Ndi khou ana uri :</p> <p>Ndi khou ana, nga nda ha zwe zwa sumbedzwa kha tshitefwa tsha vhu 7, uri a thi athu u dovha nda shuma u bva qivha le nda ita ngalo khumbelo ya mbuelo dza u unqa nahone ndo vha ndi sa khou wana muholo wo qoweleaho/kana u tanganedza tshipiqa tsha muholo wanga wo qoweleaho sa zwo sumbedzwaho nga mutholi wanga kha fomo ya UI-2.7 yo netshedzwaho khathihi na fomo yanga ya khumbelo.</p> <p>Ndi dovha hafhu nda ana uri zwidodombedzwa zwo netshedzwaho ndi zwa vhukuma. Ndi a zwi qivha uri ndi mulandu u netshedza tshitatamennde tshi si tsha vhukuma nga khole.</p> <p>Arali ha nga badelwa masheleni o fhiraho zwo itwa nga khumbelo iyi ndi khou dikumedzela u humisela murahu masheleni othe nga vhuqalo kha Tshikwama.</p>																																															
Tsaino ya Muhumbeli												Datumu																																			
<p>NB!</p> <ul style="list-style-type: none"> > FOMO IYI I TEA U NETSHEDZWA KHA OFISI YA MUHASHO WA ZWA MISHUMO NA VHASHUMI YA TSINISA NAVHO. > FOMO DZO NO FHIRELWAHO NGA TSHIFHINGA A DZI NGA TANGANEDZWI. > ARALI VHO THOMA U SHUMA HAFHU KANA VHO VHUELELA KHA AWARA DZAVHO DZA U SHUMA DZO QOWELEAHO, VHA TEA U QIVHADZA MUHASHO ZWA VHASHUMI NA MUSHUMO NGA U TAVHANYA NA U HUMBELA MUTHOLI MUSWA U NETSHEDZA MUANO. 																																															

Datumu ya u Tanganedzwa

UI-2.5

MULAYO WANDAKHOMBO YA VHUSHAYAMUSHUMO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO
KHUMBELO YA MBUELO YA MUUNWA NGA MUFARISI KANA MUFARISI WA VHUTSHILO HOTHE ZWI TSHI
TEVHEDZA TSHITENWA TSHA VHU 30 Tshi tshi Vhalwa na Ndaulo 7(1)

A. ZWIDODOMBEDZWA ZWA MUFU:

Lihwato la Vhuye									
Madzina									
					Mbuma		Mufumakadzi		Datumu ya u lozha
Diresi ya Vhudzulo ha u Fhedza									
					Khoundu				
Zwidodobedzwa zwa khumbelo yo thiraho arali Lihwato la vhuqe jo fhambana na jo zwino									
a) <i>Dzina na ID/Paspoto ye mufa a ita ngayo khumbelo:</i>									

B. ZWIDODOMBEDZWA ZWA MUFARISI KANA MUFARISI WA VHUTSHILO HOTHE ANE A KHA DI TSHILA

Lihwato la Vhuye									
Madzina									
					Mbuma		Mufumakadzi		Datumu ya Mabebu (dd/mm/yy)
Diresi ya Poswo									
					Tshifani				
Diresi ya Vhudzulo									
					Khoundu		Nomboro ya Luŋingo		
Diresi ya Imceji									
					Khoundu		Nomboro ya Luŋingothendelele		

Ndi khout ana uri ndi mufwe wa _____ vhafarisi kana ndi mufarisi muthihi fhedzi ane a kha di tshila wa mufu o bulwaho a fho nŋha, na uri ndo vha ndi songo ŋalama nate na zwidodobedzwa zwo qeshedzwa ndi zwa vhukuma.
Arali ha nga vha na mbatelo dzo fhiraho zwo vhangwa nga khumbelo iyi, ndi khonŋik amedzela uri ndi ŋo humisela murahu masheleni ofhe nga vhuŋelo kha Tshikwana.
Ndi a pfeesa uri ndi mulandu u ŋea tshitamennde tsha mazvifhi.

TSHUMISO NGA OFISI FHEDEZI:

Ndi khout ana uri zwidodobedzwa zwi re a fho nŋha ndi zwa v hukuma. TSAINO NGA MUHUMBELI	TSAINO NGA MUOFISIRI	Tshifembe tsha Muhasho wa zwa Mishumo
Datumu: _____ / _____ / _____	Mbilu yo tendelwa kha: _____ Khumbelo yo hanelwa zwi tshi tevhedza: _____ Muofisiri wa mbilo (kha via fhwale nga vhuŋelo): _____ Tsinor: _____ Datumu: _____	_____

UI-2.6

MULAYO WA NDINDAKHOMBO YA VHUSHAYAMISHUMO WA VHU 63 WA 2001 SA ZWO KHIWINSWAHO KHUMBELO YA MBUELO DZA MUONDWA NGA MUONDWA NGA MUONDWA NGA MUONDWA O TOUTIWAHO ZWI TSHI TEVHEDZA TSHITENWA TSHA VHU 30 TSHI TSHI VHALWA NA NDAULO YA VHU 7(1) NA 7(2)

A. ZWIDODOMBEDZWA ZWA MUFU:

Lifwalo la Vhupe

Madzina

Diresi ya Vhudzulo ha u fhedza

Mbeu

Mumma Mufumakadzi Datumu ya Mahebo

Datumu ya Mabebo (dd/mm/yy)

Tshifani

Mumma Mufumakadzi

Datumu ya Mahebo

Zwidodobedzwa zwa khumbelo yo fhiraho arali Lifwalo la Vhupe lo fhambana na la zwinu

a) *Dzina na Lifwalo la Vhupe zve mufu a ita khumbelo ngazwo:*

B. ZWIDODOMBEDZWA ZWA MUHUMBELI:

Muung'wa wa fwana mu'fuku

Muung'wa o tou fivaho

Lifwalo la Vhupe

Madzina

Diresi ya Vhupe

Datumu ya Mabebo (dd/mm/yy)

Mbeu

Mumma Mufumakadzi

Tshifani

Nomboro ya Lufingo

Diresi ya Vhudzulo

Nomboro ya Lufingo

C. ZWIDODOMBEDZWA ZWA Nwana:

Madzina

Diresi ya Vhudzulo

Tshifani

Nomboro ya Lufingo

D. ZWIDODOMBEDZWA ZWA Nwana:

Madzina

Diresi ya Vhudzulo

Tshifani

Nomboro ya Lufingo

E. ZWIDODOMBEDZWA ZWA Nwana:

Madzina

Diresi ya Vhudzulo

Tshifani

Nomboro ya Lufingo

Arali ha nga vha na mbadelo dzo fhiraho zwo vhangwa nga khumbelo iyi, ndi khou fukumedzela uri ndi do humisela murahu masheleni ghe nga vhu'galo kha Tshikwama.

Ndi a p'fesa uri ndi mulandu u gea tshitatamennde tsha mazwifhi

Ndi khou ana uri zwidodobedzwa zwi re aho gha ndi zwa vhu'kuma.

TSAINO NGA MUHUMBELI

DATUMU: _____ / _____ / _____

TSAINO NGA MUOHISIRI

Mibilo yo tendelwa kha _____
 Khumbelo yo hanelwa zwi tshi tevhedza _____
 Muofisiri wa Mbilo (kha vha fwale nga vhu'galo) _____
 Tsaino _____
 Datumu _____

TSHITEMBE TSHA OFISI YA ZWA MISHUMO NA VHASHUMI

UI-2.7

**MULAYO WA NDINDAKHOMBO YA VHUSHAYAMUSHUMO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO
MUHOLO WO TANGANEDZWAHO NGA MUTHOLIWA A TSHI KHOU SHUMA**

Kha: Muofisiri wa Mbilo

Tshitatamennde maelana na mbadelo dzo itwaho kha Mubvisi wa Masheleni o bulwaho afho n̄ha ane nda kha ɔi vha ndo mu thola fhedzi a sa khou kona u shuma zwi tshi vhangwa nga vhlwadze; ɓivi ya Vhudzadze; ɓivi ya u adoptha, ɓivi ya Mubebi (sorogesi), ɓivi ya Mubebi kana Tshifhinga tsha u Shuma tsho fhungudzwaho (RWT)

Madzina nga vhuḍalo a mubvisi wa masheleni: _____

ɓiḥwalo ɓa Vhuḥe																				
------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dzina ɓa mutholi: _____

Nomborondaula ya Mutholi ya UIF

--	--	--	--	--	--	--	--

 /

--

- (A) Zwi tshi tevhedza tshiteḥwa tsha vhu 12(1)b, 19(1), 24(2), 26A(1), 27(3) na 29A(1) tsha Mulayo wo bulwaho afho n̄ha, Ndi khou kwhaḥisedza uri mubvisi wa masheleni u ɔo wana phesenthe dza fhasi ha 100 kha muholo/mbuelo yawe u bva nga ɓa _____ / _____ / _____ (daumu nga vhuḍalo) zwo vhangwa nga:

ɓivi ya Mubebi	ɓivi ya mubebi (SOROGESI)	ɓivi ya u Lwala	ɓivi ya u Vhudzadze	ɓivi ya u adoptha	Tshifhinga tsha u shuma tsho fhungudzwah o

Zwifhinga zwe ha ɓanganedzwa phimo dzo fhambanaho dza muholo musi vha ɓivini/RWT (ZWI ɔO SUMBEDZWA KHA N̄WEDZI)				Muhologute wo tangedzwa vha ɓivini/RWT (nga n̄wedzi)	
U bva kha		U ya kha			
U bva kha		U ya kha			
U bva kha		U ya kha			
U bva kha		U ya kha			
U bva kha		U ya kha			
U bva kha		U ya kha			
U bva kha		U ya kha			
U bva kha		U ya kha			
U bva kha		U ya kha			

- (B) Mubvisi wa masheleni u khou lavhelelwa u/o thoma u shuma awara dzo fhelelaha nga ɓa ____/____/____.

TSAINO YA MUTHOLI KANA NZHENDEZDI ɓO TENDELWAHO

DATUMU: ____/____/____

**TSHI TEMBE TSHA MUTHOLI
(arali tshi hone)**

UI-2.8

**TSHIKWAMA TSHA NDINDAKHOMBO YA VHUSHAYAMUSHUMO
THENDELO YA MBADELO DZA MBUELO KHA AKHAUNTHU YA BANNGANI**

I tea u qadzwa nga Tshiimiswa tsha zwa Masheleni (Bannga/Poswo)

NB: A hu na tshanduko dzine dza tea u itwa kha fomo iyi

Dzina la Muqe wa Akhaunthu _____,

(Madzina nga vhuqalo na tshifani nga majeqeredanzi)

Liñwalo la Vhuqe

--	--	--	--	--	--	--	--	--	--	--	--	--

Dzina la Tshiimiswa tsha zwa Masheleni _____

Khoutu ya davhi

Nomboro ya akhaunthu

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Kha vha sumbedze nga "X"

Savings account

Current account

Transmission account

A I shumi:

I khou shuma

Ndi khou ana uri zwidombedzwa zwo sumbedzwa afho ntha ndi zwa vhukuma na u vha zwo fhelelaho kha tshiterhwa tshihwe na tshihwe na uri Khomishinari wa Ndindakhombo ya Vhushayamushumo ha nga hweswi vhuqifhinduleli arali ha nga itwa mbadelo dzi si dzone zwo vhangwa nga zwidombedzwa zwi si zwa vhukuma/zwi songo fhelelaho zwe nda qetshedza.

Dzina la Bannga/muofisiri wa Poswoni

Tsaino nga Muofisiri wa Bannga/Poswo
Tshitembe tsha Bannga

Datumu: _____

Hu qadzwa nga Muhumbeli

Nqe, _____

(Dzina na Tshifani nga majeqeredanzi)

Liñwalo la Vhuqe

--	--	--	--	--	--	--	--	--	--	--	--	--

Ndi khou nqa thendelo Khomishinari wa Ndindakhombo ya Vhushayamushumo/Muofisiri wa Mbilo u badela mbuelo, arali dzo tendelwa, kha akhaunthu yo sumbedzwa afho ntha ine ya vha kha Tshiimiswa tsha zwa Masheleni, nga nnda ha musi ho nwa ndaela yo tou nwalwaho.

Ndi khou ana uri zwidombedzwa zwo qetshedzwa nga Tshiimiswa tsha zwa Masheleni tsho sumbedzwa afho ntha ndi qivha zwi zwone na u vha zwo fhelelaho. Ndi khou fulufhedzisa UIC nga ha u dzhia vhuqifhinduleli vhuwe na vhuwe kha mbadelo dzine dza qo itwa kha akhaunthu ya bannga yo qetshedzwa arali akhaunthu ya nga vha i si yone kana i songo fhelela.

Tsaino nga muhumbeli

Datumu

UI-2.9

MULAVO WA NDINDAKHOMBO YA VHUSHAVAMUSHUMO WA VHU 63 WA 2001 SA ZWO KHWINISWAHO KHUMBELO YA THENDELO YA MBUELO DZA MUBEBI ZWI TSHI TEVHEZDA TSHITENWA TSHA 26A (I), 27(B) NA 29A (I) TSHI TSHI KHOU VHALWA NA NDIANTO 6(I)

VHA HUMBELO YA NANGA LUSHAKA LWA MBUELO LUNE VHA KHOUTAMA UITA KHUMBELOYALWO:

Mubebi	Muungu	Thendelo ya Mubebi
--------	--------	--------------------

Lifwalo la Vhunge

Lifwalo la Vhunge	Datamu ya Mubebi (dd/mm/yy)	Mbeu
-------------------	-----------------------------	------

Dzina

Diresi ya Poswo

Diresi ya Vhudzalo

Mushumo

Pitanzo

Tshifani

Khoutu /Nomboro ya Lufingo

Nomboro ya Lufingothendeleki

Nomboro ya Fekisi

GIREIDI 8-9	GIREISI 12
GIREIDI 10 - 11	NTHA HA GIREIDI 12

Zwidombedzwa zwa khumbelo yo firaho arali jiwalo ja vhunge lo fhambana na ja zwiwo

a) Dzina na jiwalo ja vhunge le vha ita khumbelo ngalo:

EE

HAI

EE

VHA KHA DUSHUMA

NR: ARA LI VHA TSHI KHA DUSHUMA, HU TEA U DADZWA FOMO YA UI 2.7.

ZWANDEME: KHA VHA VIALE TSHITENWA ITSHI AFHO FIASHI:

Arali khumbelo ya nga tendelwa, Muofisiri wa Mbilo u go tendela mbadelo dza mbuelo. Ndi khou dovha nda dzhia vhufiginduteli ha u gvhadzwa Muofisiri wa Mbilo nga u fahanya ndi tshi tou wana murhwe mushumo na u pfesesa uri u kundelwa u ita ngauralo zwi go vha hu vhuifhura.

Arali ha nga itwa m badelo dzo firaho zwo vhangwa nga khumbelo ifwe na ifwe yo peshedzwa, ndi khou fufufhedzisa uri ndi go humisela murahu masheleni nga vhuqalo kha Tshikwama.

Ndi khou ana uri zwidombedzwa zwi te afho nja ndi zwa vhuukuma.

TSAINO NGA MUOFISIRI	TSHITEMBE TSHA OFISI YA ZWA MISHUMO NA VHASHUMI
Mbilo yo tendelwa kha _____	Mbilo yo tendelwa kha _____
Khumbelo yo hanelwa zwi tshi revhedza _____	Khumbelo yo hanelwa zwi tshi revhedza _____
Muofisiri wa Mbilo (kha via fhvale nga vhuqalo) _____	Muofisiri wa Mbilo (kha via fhvale nga vhuqalo) _____
Tsaino _____	Tsaino _____
Datamu: _____/_____/_____	Datamu _____/_____/_____

UI-2.9P

MULAYO WA NDINDAKHOMBO YA VHUSHAYAMUSHUMO YA VHU 63 YA 2001 SA ZWO KHUISWAHO
KHUMBELO YA MBEDELO YA MBUELO DZA MUBEBI
ZWI TSHI TEVHEDZA NDAULO YA VHU 6(3)

Liñwalo Ja Vhuŋe

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1.	Tshifani:	<input type="text"/>																											
2.	Tshifani stha kale: <i>(Arali tsho shanduka u bva tshe vha ŋetshedza mbilo ya zwenezwino)</i>	<input type="text"/>																											
3.	Madzina:	<input type="text"/>																											
4.	Nomboro ya vhuŋwamani:	<input type="text"/>																											
<u>ARALI HO VHA NA TSHANDUKO YA DIRESI KHA VHA SUMBEDZE ZWIDODOMBEDZWA ZWAVHO ZWISWA</u>																													
5.	Diresi ya Poswo:	<input type="text"/>																											
6.	Diresi ya Vhudzulo: <i>(Arali yo ŋhambana na ŋiresi ya poswo)</i>	Khoudu ya Poswo	<input type="text"/>																										
7. (a)	Arali vho humela mushumoni kha vha sumbedze datumu: _____/_____/_____																												
	(b) Dzina ja mutholi muswa: _____	Nomboro ya Vhuŋwamani ya Mutholi: _____																											
	(c) Arali Tshifhinga tsha Mushumo tsho Fhungudzwaho tsho fhela kha vha sumbedze datumu _____/_____/_____																												
➤ NB! ARALI ZWIDODOMBEDZWA ZWAVHO ZWA BANNGA ZWO SHANDUKA VHA TEA U ĆADZA NA U HUMISELA FOMO YA-2.8																													
<p>Ndi khou ana uri :</p> <ul style="list-style-type: none"> • A thi khou shuma nahone ndo vha ndi sa shumi u bva tshe nda ŋetshedza khumbelo/u Ćadza fomo ya u bvelaphanĝa na uri a thi athu u ŋanganedza muholo kana mbedelo dza ndivhuwo kha mushumo muŋwe na muŋwe wo shumiwaho ndi songo ĝivhadza Muoffisiri wa Mbilo. • Ndi khou shuma Tshifhinga tsha Mushumo tsho Fhungudzwaho <i>(arali zwo tou ralo)</i> • Ndi a zwi divha uri ndi mulandu u Ćadza fomo ya u bvelaphanĝa ndi tshi khou shuma/ndi si ho kha Tshifhinga tsha u Mushumo tsho Fhungudzwaho ndi songo ĝivhadza Muoffisiri wa Mbilo uri ndo vhuzelela mushumoni. • Ndi dovha hafhu nda ana uri zwidombedzwa zwo ŋetshedzwaho ndi zwa vhuŋkuma. Ndi a zwi ĝivha uri ndi mulandu u ŋetshedza tshitamennde tsha mazwifhi nga khole. <p>_____/_____/_____ Datumu</p> <p>Tsaino ya muhumbeli</p>																													
<p>NB!</p> <ul style="list-style-type: none"> ➤ FOMO IYI TEA U ŋETSHEDZWA KHA OFISI YA MUHASHO WA ZWA MISHUMO NA VHASHUMI YA TSINISA NAVHO. ➤ FOMO DZO NO FHIRELWAHO NGA TSHIFHINGA A DZI NGA ĤANGANEDZWI. ➤ ARALI VHO THOMA U SHUMA HAFHU KANA VHO VHUELELA KHA AWARA DZAVHO DZA U SHUMA DZO ĆOWELEAHO, VHA TEA U ĆIVHADZA MUHASHO ZWA VHASHUMI NA MUSHUMO NGA U ĤAVHANYA NA U HUMBELA MUTHOLI MUSWA U ŋETSHEDZA MUANO (UI-19). 																													

Datumu ya u Ĥanganedzwa:	<input style="width: 150px; height: 20px;" type="text"/>
--------------------------	--

FOMO YA U TA MBUELO DZA VHAUNḐWA KHA UIF (VHA HUMBELWA U DZHIELA NZHELE URI A HU NA TSHANDUKO DZINE DZA ḐO ṘANGANEDZWA KHA FOMO IYI)

Nḑe _____, Lḑnwalo ḑa Vhuḑe

--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Dzina nga vhuḑalo na tshifani tsha mutholiwa)

Zwa zwino ndo tholiwa _____ Nomborondaula ya UIF _____, ndi khou ta mu/vhathu vha tevhelaho vho sumbedzwaho uri vha kone u wana Mbuelo dza Vhaunḑwa dza UIF arali nda nga lovha.

1. MUFARISI / MUFARISI WA VHUTSHILO HOṘTHE

Tshifani	Madzina nga vhuḑalo	Vhushaka na mutholiwa	Datumu ya mabebo	Lḑnwalo ḑa Vhuḑe

2. ḐWANA/VHANA VHA MIḐWAHA YA FHASI HA 21 KANA MUGUDI KANA ḐWANA ANE A KHOU UNḐWA

Tshifani	Madzina nga Vhuḑalo	Datumu ya Mabebo	Lḑnwalo ḑa Vhuḑe

3. MUTHU WE VHA MU TA (arali vhatiwa vha tshi fhira muthihi, phesenthe dzi tea u avhelwa nga muthu ane a khou ta)

Tshifani	Madzina nga vhuḑalo	Datumu ya mabebo	Nomboro ya ID/Phasipoto/ Pthemithi ya vhukuma	Vhushaka na mutholwa	PHesenthe yo avhelwaho
PhesentheguṘe					100%

Nḑe, _____ ndo sainaho afha ndi khou pfesesa uri nyimele dzanga na avho vhathu vho sumbedzwaho afho nḑha sa vhaunḑwa na/kana vhatiwa dzi nga shanduka. Kha nyimele ine ha nga vha na tshanduko, ndi khou fulufhedzisa u ḑadza na u ḑetshedza hafhu fomo UI-53 kha mutholi wanga uri i rumelwe kha Muhasho wa zwa Mishumo na Vhashumi.

Yo sainiwa: _____ nga ḑa _____

 TSAINO YA MUTHOLIWA

 DZINA NGA VHUḐALO ḑA MUIMELELI

 TSAINO YA MUTHOLI

 DATUMU

- **VHA KHOU HUMBELWA U DZHIELA NZHELE URI A HU NA TSHANDUKO DZINE DZA ṘANGANEDZWA KHA FOMO IYI**

WARNING!!!

To all suppliers and potential suppliers of goods to the Government Printing Works

The Government Printing Works would like to warn members of the public against an organised syndicate(s) scamming unsuspecting members of the public and claiming to act on behalf of the Government Printing Works.

One of the ways in which the syndicate operates is by requesting quotations for various goods and services on a quotation form with the logo of the Government Printing Works. Once the official order is placed the syndicate requesting upfront payment before delivery will take place. Once the upfront payment is done the syndicate do not deliver the goods and service provider then expect payment from Government Printing Works.

Government Printing Works condemns such illegal activities and encourages service providers to confirm the legitimacy of purchase orders with GPW SCM, prior to processing and delivery of goods.

To confirm the legitimacy of purchase orders, please contact:

Anna-Marie du Toit (012) 748-6292 (Anna-Marie.DuToit@gpw.gov.za) and

Siraj Rizvi (012) 748-6380 (Siraj.Rizvi@gpw.gov.za)

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