



FURNITURE BARGAINING COUNCIL

5th Floor ♦ Rennie House ♦ 19 Ameshoff Street ♦ Braamfontein ♦ Johannesburg
Correspondence to be addressed to: THE GENERAL SECRETARY ♦ Post Office Box 32789 ♦ Braamfontein ♦ 2017
Telephone (011) 242-9200 ♦ Facsimile (011) 339-5410 ♦ e-mail council@furnbed.co.za ♦ Website www.furnbed.co.za

APPLICATION FOR PROVIDENT FUND BENEFITS

Reason for application of Benefits _____

SURNAME: _____ FIRST NAMES: _____

PRESENT ADDRESS: _____

Employers in the Furniture Industry from January 1961: CONTACT TEL. NO. _____

<u>NAME OF FURNITURE COMPANY</u>	<u>DATE STARTED</u>	<u>DATE LEFT</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

OCCUPATION: _____ IDENTITY NO _____

INDUSTRY NO: _____ TAX REF. NO.: _____

The following documents must accompany this form:

- ** Letter from your present employer , for the following:
 - * Retrenched
 - * Dismissed
 - * Contract Expired
- ** Proof of age: In the case of old age retirement - (65 years)
- ** Ill Health : A medical report is required.
- ** A certified copy of Identity Document is required

BANKING DETAILS: NAME OF BANK: _____ BRANCH CODE: _____

ACCOUNT NUMBER: _____

I certify the particulars herein to be true and correct and authorise you to forward a cheque for the amount of the benefits payable to me to the address stated.

SIGNATURE: _____ DATE: _____

N.B. Applications for Benefits, upon RESIGNATION from the Industry will ONLY be payable after SIX MONTHS (06), calculated from the date the applicant has left the Furniture Industry.



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AANSOEK OM VOORSORGFONDS VOORDELE

Rede vir aansoek om Voordele: _____

VAN: _____ VOORNAAM _____

HUIDIGE ADRES: _____

Werkgewers in die Meubelbedryf vanaf Januarie 1961: **KONTAK TEL. NR.** _____

<u>NAAM VAN MAATSKAPPY</u>	<u>DIENS AANVAAR OP</u>	<u>DATUM DIENS VERLAAT</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

AMBAG: _____ **IDENTITEITSNOMMER** _____

INDUSTRIENOMMER: _____ **INKOMSTEBELASTINGNOMMER** _____

Die volgende dokumente moet hierdie aansoekvorm vergesel:

- ** Brief van huidige werkgewer – vir die volgende
 - * Personeelvermindering
 - * Ontslag
 - * Kontrak verstryk
- ** Bewys van ouderdom: In geval van uittrede weens hoë ouderdom (65 jaar)
- ** Slegte gesondheid : Mediese verslag benodig

** 'n Gersertifiseerde afskrif van u Identiteits dokument moet aangeheg word.

BANK BESONDERHEDE: NAAM VAN BANK : _____ TAK KODE: _____

REKENING NOMMER: _____

Ek sertifiseer dat die gemelde besonderhede korrek is en magtig u hiermee om die tjek vir die bedrag van die voordele betaalbaar aan my, aan bovermelde adres te stuur.

HANDTEKENING: _____ **DATUM:** _____

I.W. Aansoek om Voordele by **BEDANKING** uit die Nywerheid sal **SLEGS** uitbetaal word na die verstryking van **SES MAANDE (06)**, bereken vanaf die datum van uittrede uit die Meubelbedryf.