



Version 1

**METAL INDUSTRIES HOUSE**  
42 ANDERSON STREET  
JOHANNESBURG  
2001

Engineering Industries Pension FundMetal Industries Provident Fund

PLEASE TICK



RELEVANT FUND

P.O. BOX  
7507

JOHANNESBURG, 2000

TEL NO. (011) 870-2000

CALL CENTRE NO 0860102544

Website: <http://www.mibfa.co.za>EMAIL: [Mailroom@mibfa.co.za](mailto:Mailroom@mibfa.co.za)

**APPLICATION FOR PAYMENT OF BENEFITS ON  
RESIGNATION, RETRENCHMENT OR RETIREMENT (INCLUSIVE OF 2POT SAVINGS AVAILABLE)**

**NOTE TO EMPLOYER:**

*If this form is completed with the assistance of the Employer (HR/Wages Department), please insert contact details:*

NAME:

TELEPHONE NUMBER:

FAX:

E-MAIL ADDRESS:

NAME OF LAST EMPLOYER:

**ABOUT YOU:** Please complete all the information in this section.

**Personal and contact details**

Surname:

First Names:

Maiden Name:

Marital Status:

MARRIED

SINGLE

WIDOWED

DIVORCED

ID or Passport Number:

Country of Issue:

Date of Birth:

Residential Address

Unit Number:

Complex:

Street Number:

Street or Farm Name:

Suburb:

City or Town:

Country:

Postal Code:

Is the Postal Address the same as residential address

Yes

No

Postal Address: Complete if different from residential address

P O Box:

Suburb:

City or Town:

Postal Code:

**Contact Details**

Cell:

Home:

Work:

Email Address:

Member Income Tax Number:



# CERTIFICATE OF SERVICE

(State name and address of employer.  
To be imprinted with Firm's rubber stamp.)

Company Ref No: .....

This is to certify that the particulars as mentioned hereunder are a true record of the employment by this Company of:

Employee name (in full): .....

Identity No: ..... Works/Company No: .....

Occupation: .....

Period of employment as contributor to Fund: From ..... to .....

Period of employment on Company's domestic Fund: From ..... to .....

**Reason for termination of employment:**

Please tick

☒

Retirement  
(55 years and older)

Medical  
Incapacitation

Retrenchment /  
Redundancy

Resignation/  
Dismissal

Contract  
Expired

Absconded

Death

**"Remuneration" at date of termination of employment**

**WEEKLY PAID EMPLOYEE**

R..... per week

**MONTHLY PAID EMPLOYEE**

R..... per month

**Breakdown of contributions for final month of employment plus any outstanding leave pay, would be appreciated.**

Shifts worked and contributions paid for the last three months worked prior to the member's date of discharge	OPEN DATE	CLOSE DATE	SHIFTS WORKED

It is hereby acknowledged that the Employer will be held liable for any loss incurred by the Fund in consequence of a false declaration of Retrenchment/Redundancy.

.....  
**FOR AND ON BEHALF OF EMPLOYER**

**DESIGNATION:** .....

**NAME:** .....

**TELEPHONE NO.:** .....

**DATE:** .....

**TO BE COMPLETED BY THE EMPLOYER**  
**IN RESPECT OF A RETIREMENT CLAIM ONLY**

*(FOR INCOME TAX PURPOSES)*

**PENSION AND PROVIDENT FUNDS - FORM 'D'**

Name of Employer : \_\_\_\_\_

Address of Employer : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Employee's Surname : \_\_\_\_\_

Employee's First Names : \_\_\_\_\_

Employee's Identity no. : \_\_\_\_\_

Employee's Tax no. : \_\_\_\_\_

2. Highest average salary earned by the taxpayer during any five consecutive years in the service of the employer during his membership of the Fund.

<u>Year</u>		<u>Salary</u>
_____	-----	R _____ p.a.
_____	-----	R _____ p.a.
_____	-----	R _____ p.a.
_____	-----	R _____ p.a.
_____	-----	R _____ p.a.

**Total** R \_\_\_\_\_

Average for the 5 years or lesser period if employee  
employed for lesser period .....

R \_\_\_\_\_

**Certified correct to the best of my knowledge and belief.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Manager / Secretary**