



METAL INDUSTRIES HOUSE
42 ANDERSON STREET
JOHANNESBURG
2001

P.O. BOX 7507
JOHANNESBURG 2000
CALL CENTRE NO 0860102544
Fax: (011) 870-2389/90 Engineering
Fax: (011) 870-2394 Provident
Website: <http://www.mibfa.co.za>

**APPLICATION FOR PAYMENT OF BENEFITS ON
RESIGNATION, RETRENCHMENT OR RETIREMENT**

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:

Full Names _____

Postal Address _____

_____ Postal Code _____ Fax No: _____

Tel No (h) _____ Tel No (w) _____ Cell No: _____

Date of Birth

DD	MM	YY
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 Maiden Name _____

Identity Number _____
(Certified copy of Identity document must be attached)

Reference Book Number _____

Previous Passport/Identity Numbers _____
(Certified copies must be attached)

Marital Status - (place cross in block which applies)

MARRIED	SINGLE	WIDOWED	DIVORCED
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(Certified copies of Marriage Certificate or Divorce Order must be attached)

Name of last employer in Metal Industries _____

Final Date of employment in Metal Industries

DD	MM	YY
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Reason for termination _____

Name of present Employer _____

Income Tax Reference No.

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Revenue Office to which last Tax Return rendered _____

For members retiring from the Pension Fund only (55 years and older)
INDICATE YOUR OPTION OF PENSION:
One-third lump sum with reduced monthly pension
OR
Full monthly pension

LIST ALL DEPENDANTS

NAME IN FULL	ADDRESS AND POST CODE	AGE	RELATIONSHIP

If this space is insufficient Please attach an additional list I declare that all the information given on this form is true.

NB. All alterations to be signed
In full by member

DATE

DD	MM	YY
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Signature or Mark of Applicant

MANDATE FOR PAYMENT OF BENEFIT TO BANK

ALL ALTERATIONS MUST BE SIGNED BY APPLICANT AND BANK OFFICIAL

CHEQUE ACCOUNT HOLDERS MAY ATTACH A SIGNED CANCELLED CHEQUE OR CASHED CHEQUE AS BANK CONFIRMATION

A. APPLICANTS BANK DETAILS :

- (1) Surname of Applicant (Payee)
- (2) Maiden Name
- (3) Name of Applicant (Payee)
- (4) Identity Number
- Identity Document to be produced

B. DETAILS OF ACCOUNT - N.B To be verified by Bank official as correct and active/current and belonging to the applicant as listed on page 1.

- (1) Name of Bank
- (2) Address of Bank
- Postal Code
- (3) Name of Branch
- (4) *Branch Code
- * Code at place where account is kept will be supplied by Bank.
- (5) Account Number
- (6) Type of Account
- (7) Date account opened

<p style="text-align: center;">..... SIGNATURE (ACCOUNT HOLDER) (Must be the same signature as the applicant's on page 1)</p> <p style="text-align: center;">..... DATE</p>	<p style="text-align: center;">..... FULL NAMES OF BANK OFFICIAL</p> <div style="border: 1px solid black; height: 80px; margin: 10px auto; width: 80%;"></div> <p style="text-align: center;">SIGNATURE OF OFFICIAL AND STAMP OF BANK</p>
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CERTIFICATE OF SERVICE

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

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) <input type="checkbox"/>	Medical Incapacitation <input type="checkbox"/>	Retrenchment / Redundancy <input type="checkbox"/>
Resignation/ Dismissal <input type="checkbox"/>	Contract Expired <input type="checkbox"/>	Absconded <input type="checkbox"/>
Death <input type="checkbox"/>		

"Remuneration" at date of termination of employment

WEEKLY PAID EMPLOYEE R..... per week	MONTHLY PAID EMPLOYEE R..... per month
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Breakdown of the 6.6% contributions for final month of employment plus any outstanding leave pay, would be appreciated.

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

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.

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FOR AND ON BEHALF OF EMPLOYER

DESIGNATION :

NAME:

TELEPHONE NO.:

DATE :

**TO BE COMPLETED BY THE EMPLOYER IN RESPECT OF
DEATH, RETIREMENT AND PERMANENT DISABILITY 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 actually 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>
20_____	-----	R _____ p.a.
20_____	-----	R _____ p.a.
20_____	-----	R _____ p.a.
20_____	-----	R _____ p.a.
20_____	-----	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