



METAL AND ENGINEERING INDUSTRIES BARGAINING COUNCIL SICK PAY FUNDS

42 Anderson Street
3rd Floor
Johannesburg
2001

P.O. Box 6539
Johannesburg, 2000
Telephone (011) 870-2000
Fax: (011) 870-2414
Website: http://www.mibfa.co.za

APPLICATION FOR FUNERAL BENEFITS

- 1. Name of deceased (in full)
2. Identity number of deceased
3. Marital status of deceased (place cross in block which applies)
4. Date of death (death certificate must be produced)
5. a. Name of employer at time of death
b. Co Ref No Works Number
6. Full name of applicant
7. Relationship of deceased
8. If the applicant is not the surviving spouse -

I, (Full names of applicant)
of (Full address) Postal code
Applicants Telephone Number

do hereby make oath and say

- I. That all the information given in this form is true and correct.
II. \*That I authorise the Fund to pay any benefits due into a Bank account as follows:
Name of Bank:
Name of Branch Postal Code
Account No: Branch Code:
Type of Account: \* Current/Savings/Transmission
III. \*That I authorise the Fund to forward any benefits payable through the post to the following address and the such posting shall constitute full and final settlement of all amounts due in terms of this application:

(Delete whichever is not applicable)
Identity Number of Applicant
Signature/Mark of Applicant

SIGNED AND SWORN/AFFIRMED BEFORE ME AT
this day of 20

The deponent has acknowledged that he/she knows and understands the contents of this document.

Commissioner of Oaths

NOTE: (i) Commissioners of Oath are available at any Police Station or Post Office or the office of any attorney
(ii) Copies of original documents may be submitted provided they are certified as true copies by a Commissioner of Oaths

## CERTIFICATE OF SERVICE

TO: METAL AND ENGINEERING INDUSTRIES BARGAINING COUNCIL SICK PAY FUND PO BOX 6539 JOHANNESBURG 2000  TELEPHONE: (011) 870 2000 FAX NUMBER: (011) 870-2414	FROM: (State name and address of employer. To be imprinted with firm's rubber stamp.)
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This is to certify that the particulars as mentioned hereunder are a true records of the employment of  
 .....with this company.

Employee name (in full) .....

Identity No. ....Works No .....

Occupation: .....Co Ref No.....

Period of Employment: From..... to .....

Reason for termination of employment: .....

\*Remuneration  
 At date of termination of  
 Employment-  
 Complete (a), (b), (c), (d),  
 (e) or (f) as applicable.

	Weekly Paid Employee Per Week		Monthly Paid Employee Per Month	
	R	C	R	C
(a) Death	.....	.....	.....	.....
(b) Retirement	.....	.....	.....	.....
(c) Incapacitation	.....	.....	.....	.....
(d) Retrenchment	.....	.....	.....	.....
(e) Redundancy	.....	.....	.....	.....
(f) Resignation	.....	.....	.....	.....

The appropriate return form for benefits has been handed to the employee.

.....  
 DATE

.....  
 FOR AND ON BEHALF OF EMPLOYER

“Remuneration” means the actual wages payable to the employer each week in respect of the ordinary hours worked by such employee in the shifts of the establishment concerned during such week including moneys payable in terms of any agreement or under any law, but excluding amounts paid in respect of overtime, shifts or other allowances and holiday leave bonuses.

**NOTE:** In the event of contributions not having been paid to the fund in respect of the above member up to date of termination of employment, kindly arrange to forward a guarantee stating the period involved to insure that this claim is being processes with minimum delay.