



**METAL AND ENGINEERING INDUSTRIES  
BARGAINING COUNCIL SICK PAY FUND  
INJURY ON DUTY**

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Johannesburg  
2001

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Johannesburg 2000  
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Website: <http://www.mibfa.co.za>

**Claim for payment of special benefits in respect of absence from work due to disablement falling within the provision of the workmen's Compensation Act, 1941 up to a maximum of three working days for each period of such absence.**

TO BE COMPLETED BY THE EMPLOYEE

Surname  Date of Birth

First Names  Tel No

I.D. Number  Marital Status

Income Tax Reference No.  Revenue Office

Residential Address

Postal Code

Trade Union of which a Member  Membership No

Period for which Special Benefit is claimed: From  To  inclusive

State cause of injury:  
.....  
.....

Date  Time  Place

I approve the completion of the Medical Certificate and the disclosure of the nature of the disablement.

**I authorise the Fund to**

(a) pay any benefit due into a Bank account as follows

NAME OF BANK  Branch  Branch Code

Account Number  Name of Account Holder (NB. Holder must be the Claimant)

Type of account (Mark the appropriate block with an X) Current  Savings  Transmission

(b) forward any benefit payable through the post to the following address and acknowledge that such posting shall constitute full and final settlement of all amounts due in terms of this application

Postal Address

Postal Code

Delete whichever is not applicable

Date \_\_\_\_\_ Signature of claimant \_\_\_\_\_

- NOTE: Bank account details must be confirmed by either one of the following:**
1. Bank Mandate Form to be completed.
  2. Cancelled signed cheque.
  3. Statement of bank account with bank stamp.
  4. Employer to confirm banking details on company letterhead with company stamp.

TO BE COMPLETED BY EMPLOYER

Name of Employer

Address

Postal Code

Tel No:  Co Ref No

**DETAILS OF EMPLOYEE**

Surname  Works Number

First Names

Date of Engagement  Occupation

Normal Working Week    Rate of Pay

Period of absence due to disablement which has been reported to the Workmen's Compensation Commissioner.

From ..... a.m. /pm..... on ..... N.B.: State if still absent ..... YES ..... NO

To ..... a.m./pm..... on ..... inclusive, no of days .....

Details in regard to period of absence during first three working days:

	Date	Ordinary hours of shift	Hours worked
1 <sup>st</sup> working day of absence	.....	.....	.....
2 <sup>nd</sup> working day of absence	.....	.....	.....
3 <sup>rd</sup> working day of absence	.....	.....	.....

I/We certify that the above information is correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Name \_\_\_\_\_

Designation \_\_\_\_\_

**EMPLOYER'S RUBBER STAMP**

TO BE COMPLETED BY MEDICAL PRACTITIONER

When and where did you first attend the above-mentioned in consequence of disablement?

On ..... day of ..... at .....

Date of commencement of disablement ..... Date of fitness for duty .....  
(In cases of doubt state ±)

Present condition .....

I hereby certify that I have by personal examination satisfied myself that Mr/Mrs/Miss.....

is/was suffering from..... and to the best of my knowledge patient is adhering to the treatment prescribed by me. **(Please print)**

Signature and Professional Qualifications .....

Name of Medical Practitioner (please print).....

Practice No: .....

Address.....

Telephone Number..... Date.....

NOTE: Any charge for this certificate is borne by the patient.

**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 

DD	MM	YY
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<p>.....</p> <p style="text-align: center;"><b>SIGNATURE</b> <b>(ACCOUNT HOLDER)</b> <b>(Must be the same signature as the applicant's on page 1)</b></p> <p>.....</p> <p style="text-align: center;"><b>DATE</b></p>	<p>.....</p> <p><b>FULL NAMES OF BANK OFFICIAL</b></p> <div style="border: 1px solid black; width: 100%; height: 80px; margin: 5px 0;"></div> <p><b>SIGNATURE OF OFFICIAL AND STAMP OF</b></p>
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