



## FURNITURE BARGAINING COUNCIL

Suite 13 ♦ Reitz Park ♦ 80 President Reitz Avenue ♦ Westdene ♦ Bloemfontein ♦ 9301  
Correspondence to be addressed to: THE PROVINCIAL MANAGER ♦ Post Office Box 3914 ♦ Bloemfontein ♦ 9300  
Telephone (051) 447-1807 ♦ e-mail [freestate@furnbed.co.za](mailto:freestate@furnbed.co.za) ♦ Website [www.furnbed.co.za](http://www.furnbed.co.za)

### PROVIDENT FUND TWO-POT SYSTEM CLAIM FORM

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CONTACT TEL NO: \_\_\_\_\_ ALTERNATE NO.: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

IDENTITY NO AND/OR PASSPORT NO: \_\_\_\_\_

INDUSTRY NO: \_\_\_\_\_ TAX REF. NO: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

TWO-POT AMOUNT APPLIED FOR: \_\_\_\_\_ or MAXIMUM CLAIMABLE AMOUNT ☐

Have you submitted a two-pot claim during this tax year? Yes/No

**The following documents must accompany this form:**

- \*\* A certified copy of Identity Document**
- \*\* Payslip not older than 3 (three) months**
- \*\* Proof of residence not older than 3 (three) months**
- \*\* Income Tax reference number on a SARS letterhead, latest IRP5 or latest payslip**
- \*\* Official Confirmation of banking details of member**

**NB:** Once the claim form is completed, it may, together with the required supporting documents, be:

- Emailed to [two-pot@furnbed.co.za](mailto:two-pot@furnbed.co.za)  
or
- Submitted by hand to the Two-Pot Department at any of the Council's official offices in Johannesburg, Pretoria and Bloemfontein.

#### **BANKING DETAILS**

ACCOUNT HOLDER'S NAME: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ BRANCH CODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

I hereby certify that the particulars on this claim form to be true and correct and authorise you to process and pay the applicable amount by way of EFT to the above reflected bank account.

Please note the following:

1. You will require a minimum balance of R2 000,00 in your Savings Pot.
2. The withdrawal amount will be subject to the payment of tax, an administration fee and any other deductions as required by legislation.
3. No payment will be made to any third party.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR OFFICE USE ONLY – APPLICATION CHECKED BY

