

## 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 ♦ Website www.furnbed.co.za

DENTITY NO AND/OR PASSPORT NO:	PROVIDENT FUND TWO-POT SYSTEM CLAIM FORM	
ALTERNATE NO.:  ALTERNATE NO.:  DENTITY NO AND/OR PASSPORT NO:  INDUSTRY	SURNAME: FII	RST NAMES:
DENTITY NO AND/OR PASSPORT NO: DENTITY NO AND/OR PASSPORT NO. DENTITY NO. DENTITY NO. DENTITY NO. DENTITY NO. DENTITY NO. DE	PRESENT ADDRESS:	
DENTITY NO AND/OR PASSPORT NO:	CONTACT TEL NO:	ALTERNATE NO.:
INDUSTRY NO:	OCCUPATION:	
AME OF ESTABLISHMENT:  WO-POT AMOUNT APPLIED FOR:  or MAXIMUM CLAIMABLE AMOUNT  dave 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  ***Proof of residence not older than 3 (three) months  ***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  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.	IDENTITY NO AND/OR PASSPORT NO:	
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·	2. The withdrawal amount will be subject to the payme	-
	3. No payment will be made to any third party.	
SIGNATURE: DATE:	SIGNATURE:	DATE:

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