



FURNITURE BARGAINING COUNCIL

North Block ♦ 39 Empire Road ♦ Parktown Ext ♦ Johannesburg
Correspondence to be addressed to: THE GENERAL SECRETARY ♦ Post Office Box 32789 ♦ Braamfontein ♦ 2017
Telephone (011) 242-9200 ♦ e-mail council@furnbed.co.za ♦ Website 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**
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: _____

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