



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

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FURNMED SICK BENEFIT SOCIETY APPLICATION FOR CONTINUATION MEMBERSHIP

I, _____, ID Number _____,
Fund Number _____, hereby apply for continuation membership of the Sick Benefit
Society, the reason/s being _____

In support of my application, I certify that the following information is accurate, true and correct:

1. Period of Service in the Industry from _____
2. Period of Broken Service (if any) from _____
3. Total Number of Years Service _____
4. Last Employer _____
5. Date Left Industry _____
6. Present Age _____
7. Name/s and Age/s of Dependants _____
8. **A copy of the applicant's ID document must be attached to this application.**
9. **In case of ill health retirement, a copy of the necessary medical certificate must be attached to this application.**

Home Address _____

_____ Postal Code _____

Telephone Number _____

MEMBER'S SIGNATURE

DATE

PLEASE NOTE:

In event of a time lapse exceeding 30 days from the date of leaving the Industry, and this application, the member and his/her dependants may be requested to submit a full medical report on their health. This requirement will not be applicable where the time lapse was beyond control of the applicant.