



## FURNITURE BARGAINING COUNCIL

Room 1101 ♦ 11<sup>th</sup> Floor ♦ Arcadia Centre ♦ 376 Steve Biko Street ♦ Arcadia ♦ Pretoria  
Correspondence to be addressed to: THE REGIONAL MANAGER ♦ Post Office Box 57086 ♦ Arcadia ♦ 0007  
Telephone (012) 323-2700 ♦ Facsimile (012) 323-9841 ♦ e-mail [prctoria@furnbed.co.za](mailto:prctoria@furnbed.co.za) ♦ Website [www.furnbed.co.za](http://www.furnbed.co.za)

### APPLICATION FOR PROVIDENT FUND BENEFITS

Reason for application of Benefits (tick applicable box):  Resigned  Retrenched  Dismissed  Contract expired  
 Deceased  Ill Health Retirement  Retirement - / Early (55 to 60)  Normal (60 – 65) / Late (65 and over)

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

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

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

OCCUPATION: \_\_\_\_\_ IDENTITY NO: \_\_\_\_\_

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

Names of the Employers in the Furniture Industry where you were employed from January 1961:

<u>NAME OF FURNITURE COMPANY</u>	<u>DATE STARTED</u>	<u>DATE LEFT</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

The following documents must accompany this form:

**\*\* Letter from your present employer, for the following:**

- \* Retrenched
- \* Dismissed
- \* Contract Expired

**\*\* Proof of age: In the case of old age retirement (65 years)**

**\*\* Ill Health: A medical report is required.**

**\*\* A certified copy of Identity Document is required**

**REQUIREMENT: THE FOLLOWING DOCUMENTATION MUST BE ATTACHED TO THIS APPLICATION**

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

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

**\*\* A BANK STATEMENT NOT OLDER THAN THREE (3) MONTHS WITH ORIGINAL BANK STAMP OR**

**\*\* A STAMPED LETTER FROM THE BANK AS PROOF OF BANKING DETAILS**

**\*\* PROOF OF RESIDENTIAL ADDRESS NOT OLDER THAN THREE (3) MONTHS**

I certify the particulars herein to be true and correct and authorise you to EFT for the amount of the benefits payable to me.

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

**NB:** Applications for Benefits, upon **RESIGNATION** from the Industry will **ONLY** be payable after **SIX (6) MONTHS**, calculated from the date the applicant has left the Furniture Industry.

FOR OFFICE USE – APPLICATION CHECKED BY