



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 ♦ Facsimile (011) 482-6420 ♦ e-mail council@furnbed.co.za ♦ Website www.furnbed.co.za

APPLICATION FOR PAYMENT OF HOLIDAY BONUS FUND MONEYS AND LEAVE PAY FUND MONEYS

Date

I hereby wish to apply for payment of my Holiday Bonus Fund moneys and Leave Pay Fund moneys and therefore submit the following particulars:

- 1. Surname (Capitals)
2. First Name/s
3. Identity Number
4. Name of last employer in the Furniture, Bedding and Upholstery Manufacturing Industry

5. Date left 5.1 Period of service

REASONS FOR LEAVING

RETRENCHED RESIGNED CLOSURE DISMISSED

NB: If retrenched or establishment closed, letter to be submitted.

- 6. Postal Address
7. Cell Number
8. Requirement Banking Details: Name of Bank, Account Number, Branch Code, Type of Account

9. The following documentation to be attached to this application:

- 9.1 A bank statement not older than three months stamped by the bank; or
9.2 A stamped letter from the bank as proof of banking details; and
9.3 Proof of residential address; and
9.2 A certified copy of identity document

10. Industry number

11. I declare that the above particulars are true and correct.

Member's Signature

Council's Signature

FOR OFFICE USE ONLY

Original cheque number
Replacement cheque number

Date Amount
Date Amount

Received

Identified by