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 ♦ Facsimile (051) 447-2554 ♦ e-mail freestate@furnbed.co.za ♦ Website www.furnbed.co.za

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

_____
Date

I hereby wish to apply for payment of my Holiday bonus Fund monies and Leave Pay Fund monies 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, Upholstery and Curtain Manufacturing Industry

_____

5. Date left _____ 5.1 Period of Service _____

REASON FOR LEAVING

RETRENCHED ☐ **RESIGNED** ☐ **CLOSURE** ☐ **DISMISSED** ☐
DECEASED ☐ **CONTRACT EXPIRED** ☐

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; and
9.2 A stamped letter from the bank as proof of banking details; and
9.3 Proof of residential address; and
9.4 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 _____ Date _____ Amount _____

Replacement Cheque Number _____ Date _____ Amount _____

_____ _____
RECEIVED IDENTIFIED BY