



FURNITURE BARGAINING COUNCIL

Unit 2, Ground Floor ♦ Block C ♦ Hadeffields Office Park ♦ 1267 Pretorius Street ♦ Hatfield ♦ Pretoria
Correspondence to be addressed to: THE REGIONAL MANAGER ♦ Post Office Box 57086 ♦ Arcadia ♦ 0007
Telephone (012) 323-2700 ♦ e-mail pretoria@furnbed.co.za ♦ Website 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