FURNITURE BARGAINING COUNCIL

Unit 2, Ground[t] Floor ♦ Block C ♦ Hadefields 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

PROVIDENT FUND TWO-POT SYSTEM CLAIM FORM

SURNAME: _____ **FIRST NAMES:** _____

PRESENT ADDRESS: _____

CONTACT TEL NO: _____ **ALTERNATE NO.:**_____

OCCUPATION: _____

IDENTITY NO AND/OR PASSPORT NO: _____

INDUSTRY NO: _____ **TAX REF. NO:** _____

NAME OF ESTABLISHMENT: _____

TWO-POT AMOUNT APPLIED FOR: _____ **or MAXIMUM CLAIMABLE AMOUNT** ☐

Have you submitted a two-pot claim during this tax year? **Yes/No** ☐

The following documents must accompany this form:

*** A certified copy of Identity Document***
*** Proof of residence not older than 3 (three) months***
*** Income Tax reference number on a SARS letterhead***
*** Official Confirmation of banking details of member***

NB: Once the claim form is completed, it may, together with the required supporting documents, be:

- **Emailed to two-pot@furnbed.co.za**
  or
- **Submitted by hand to the Two-Pot Department at any of the Council's official offices in Johannesburg, Pretoria and Bloemfontein.**

BANKING DETAILS: ACCOUNT HOLDER'S NAME: _____

NAME OF BANK: _____

BRANCH CODE: _____

ACCOUNT NUMBER: _____

I hereby certify that the particulars on this claim form to be true and correct and authorise you to process and pay the applicable amount by way of EFT to the above reflected bank account.

Please note the following:

1. **You will require a minimum balance of R2 000-00 in your Savings Pot.**
2. **The withdrawal amount will be subject to the payment of tax, an administration fee and any other educations as required by legislation.**
3. **No payment will be made to any third party.**

SIGNATURE: _____ **DATE:** _____

****KINDLY NOTE THAT THERE IS A MAXIMUM WAITING PERIOD OF SIX (6) WEEKS****

FOR OFFICE USE ONLY – APPLICATION CHECKED BY